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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	J. HORNE
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Office Use Only



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SECRETARY OF SECRETARY OF SEC

## COVER LETTER -

TO: Registration Section Division of Corporations
SUBJECT: Tehiche Beauty LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tamia Hinson Name of Person
Firm/Company
611 South 1th Street
Quincy, FL 32351 City/State and Zip Code
+ami admechele Damail. Com E-mail address: (to be used for future anneal report notification)
For further information concerning this matter, please call:
Tamia Hinson at (850) 879-2117  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
∑ \$25.00 Filing Fee
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 AUG -5 PM 4:50 SECOULTABLE OF

	1025 400 0 111 4.20
(Name of the Limited Liability Compa (A Florida Limited I	New As it how appears on our records. A MASSEE, ILL.
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 2 D D D 3 3 2 5 75</u>	were filed on $07 - 27 - 2622$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Ovincy, FL 32351
(Principal office address MUST BE A STREET ADDRESS)	- Contract
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	611 SOUTH 11th Street Quinty, FL 32351
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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'an eff <u>Vote:</u>	ive date, if other than the date of filing:
recor i is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	No. 108 - 05 - 2022.  Trung Himsen  Signature of a member or authorized representative of a member
	France Hissen
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