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Name Change

COVER LETTER

Division of Cor	rporations				
Golden Hai	ir LLC				
SOBJECT.	Name of Lin	ited Liability Company	· · · · · ·		
The angloced Articles of	Amendment and fee(s) are sub	unitted for filing			
		•			
Please return all correspo	ondence concerning this matter	to the following:			
	Dalyda Rabeau				
		Name of Person			
	Golden Hair LLC				
		Firm/Company			
	426 NE 166th				
		Address			
	Miami, Florida, 33162				
	 	City/State and Zip Code		_	
	Dalyda2rabeau@gmail.com	1		2023 SEI	
	E-mail address: (to be used for future annual report notification	11	J.U.	
For further information c	concerning this matter, please c	all:		2023 JUN -6 SECRETAR	22.22 22.22 22.22 21.22 21.22 21.22 21.22
Dalyda Rabeau		786 3702394		See H	para se
Name o	f Person	Area Code Daytime Telep	phone Number	AM 9: 05	(Japan
Enclosed is a check for the	he following amount:				•
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

Mailing Address:

Registration Section

TO:

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

Street Address: 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 OF

Golden Hair, LLC

(Liability Company)		
y were filed on	10/11/2022	and assigned
bility company h	iere:	
oility Company," the	designation "LLC" or the abb	éviatie L.L.C."
N/A	A .	
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address on our i	records, <u>enter the name</u>	of the new registere
-		
Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
	Florida	
City	1 101104	Zip Code
<u>:</u>		
e performance oj	capacity. I further agre f my duties, and I am fai Chapter 605, F.S. Or, if by confirm that the limi	miliar with and this document is
	bility company h bility company h bility company h N/A N/A Enter Flo City ree to act in this e performance of	bility company here: N/A N/A N/A Enter Florida street address City City ree to act in this capacity. I further agree to performance of my duties, and I am face

If Changing Registered Agent, Signature of New Registered Agent

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
			
			□Remove
			Change
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record	
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