L22000 466131

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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: N.6	, Hair Beau Name of Lim	TY SaloN, LL ited Liability Company	C
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	/	No QUA GA	NCIa
		Firm/Company	
	223	7 Sw Trapp	Terrace
	Port	7 Sul Trapp Address Dull SainT Lull City/State and Zip Code	FL 34953
		YHA BB65 QA to be used for future annual repor	
For further information cond	cerning this matter, please ca	all:	
Name of Pe	Carcia	at (<u>7772</u>) <u>67</u> Area Code D	26-45-83 aytime Telephone Number
Enclosed is a check for the t	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations \	The Centre	n Section Corporations of Tallahassee onroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N.G. Ha	iv Beauty Salow LLC pility Company as it now appears on our records.)
(A Flor	rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 22 000 466</u>]	Company were filed on $10-31-2022$ and assigned 31 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If amending name, enter the new name of the li A. If a second liver the new name of the li A. If a second liver the new name of the li A. If a second liver the new name of the li A. If a second liver the new name of the li A. If a second liver the new name of the li A. If a second liver the new name of the li A. If a second liver the new name of the liver the liver the liver the new name of the liver the liver the liver the liver the liver the liver the li	imited liability company here:
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADd	DRESS)
	022
	No T
Enter new mailing address, if applicable:	28 [
(Mailing address MAY BE A POST OFFICE BOX)	SSC P M
	AIE
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new register
agent and/or the new registered office address nero	±•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, 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
			□Add
			Remove
			Change
			□Add
			□Remove
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f an effecti Note: If t	e date, if other than the date is listed, the date in the date inserted in this tas effective date on the	ust be specific ar block does not	nd cannot be prior to meet the applicab	date of filing or modele statutory filing	(option than 90 days after requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
e record sp rd is filed.		ive date, but no	ot an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
Dated	11/15/22		. 1100	_ •		
	X_	Signature of a	lUUU (zed representative of	f a member	
		•		a Earl name of signee	,	