## 122000 507446

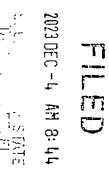
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Received through email 12/4/2003 Anissa Butler

Office Use Only



700417274577

1645.77 -81627--660 \*\*36.89

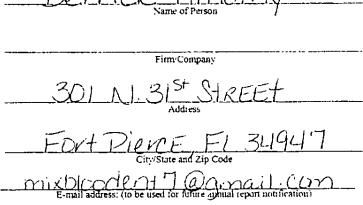


A. BUTLER DEC - 4 2023 TO:

Registration Section

## **COVER LETTER**

Division of Corporations
SUBJECT: First Impression Beauty Sugply, Lh
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Devrice Timothy Name of Person



For further information concerning this matter, please call:

Dervick Timoth	/at 7772	212-6294
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

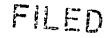
- S25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ \$60.00 Filing Fee.
  Certificate of Status &
  Certified Copy
  (additional copy is enclosed)

Mailing Address:

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



	2023 DEC -4 AM 8: 4
First Loop	
(Name of the Lim	fred Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on 12 02 2022 and assigned
Florida document number <u>L. 2.200050</u>	
	•
This amendment is submitted to amend the fol	-
A. If amending name, enter the new name	of the limited liability company here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable:	7.70
(Mailing address MAY BE A POST OFFICE	. 80.0
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our records, <u>enter the name of the new registered</u> ess <u>here</u> :
Name of New Registered Agent:	Devoicilination
New Registered Office Address:	301 N. 3154 STREET
	FORT DILYCE Florida 34947
New Registered Agent's Signature, if changing	Registered Agent:
provisions of all statutes relative to the projection as reg	ed agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address. I hereby confirm that the limited liability

1 Chauging Registered Agent, Signathre) of New Registered Agent

company has been notified in writing of this change.

MGR = Manager

AMBR - Authorized Member

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

<u>Title</u>	Name	Address	Type of Action
OWNER	Derrick Timotry,S	R 301 NI 315 STREET	□Add
		Ft. DIEKCE, FL3494	Z Remove
			Change
OWNER	DerrickTimotry	301 N. 31ST STREET	XAdd
		FI. Dierce, FL 3494	
			Change
			ĽIAdd
			⊡Remov <del>e</del>
			Change
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			□Renkove
			□Change
			[]Add
			□Remove
			Change
<del></del>			□Add
			□Reniove
			70

	Please remove Derrick Timothy, S	2
_0	und add Derrick Timothy as	
v'	registered agent and authorized	
í	Devso	
fective d	ate, if other than the date of filing:(optional)	
n effective te: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.	o 605.01 e listed
ecord spec s filed.	cities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	rafter t
ted _/\	Javember 30_2023.	
_	District Signature of a member or authorized representative of a member	_
	<del>-</del>	

## To whom it may concern:

el was advised by a representative to re-submit an amendment for changes to be made to my LLC My Business name is First Impression Beauty Supply, LLC. Document number L22000507446. et was tollemail changes to you, which were originally mailed on October 6, 2023. The check was cashed and debited from my bank account on October 20th. el have attached a copy of that check (front Éback) as my proof of payment for charges el an. The regustered agent and owner of my business and am requesting my name to be charged to reflect my Dirershicense Rlease remove "SR." from my rane on my Sunbit. I have attached a copy of my Divershicense as proof Thank you un achance.

(I nave a Hacked ments 123)

Can original documents (23)

and sent Bigned on the 123)

Sincerely

Denick Timothy

Derrick Timothy