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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

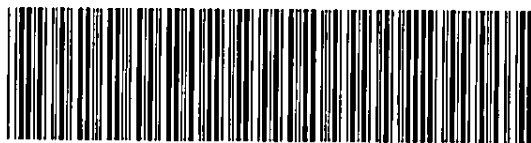
(Business Entity Name)

(Document Number)

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2023 FEB 27 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RIVERS

APR 26 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Level Up Hair Studio, 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:

Susana Sacramento

Name of Person

Level Up Hair Studio, LLC

Firm/Company

3050 S. Jog Rd

Address

Greenacres FL 33467

City/State and Zip Code

leveluphairstudio@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susana Sacramento

Name of Person

at 561 506-2011

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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**

Level Up Hair Studio, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/09/2023 and assigned
Florida document number L23000037255.

This amendment is submitted to amend the following:

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 applicable:

3050 S. Jog Rd.

(Principal office address MUST BE A STREET ADDRESS)

Greenacres, FL 33467

Enter new mailing address, if applicable:

3050 S. Jog Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Greenacres, FL 33467

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jose Eduardo Martinez Molina

New Registered Office Address:

3050 S. Jog Rd

Enter Florida street address

Greenacres

City

Florida

33467

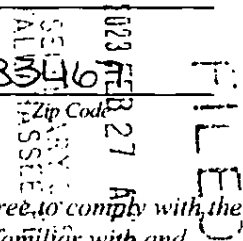
Zip Code

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR MGR	Jose Eduardo Martinez Molina	3050 S. Jog Rd.	<input checked="" type="checkbox"/> Add
		Greenacres, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR MGR	Susana Sacramento	3050 S. Jog Rd.	<input checked="" type="checkbox"/> Add
		Greenacres, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00