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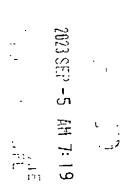
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Saamess Zinny Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration So Division of Cor	rporations .	•	
SUBJI	ёст: <u>"Зец</u>	ach N Braia Name of Lin	S LLC nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Precio	US Noble Name of Person	
		Beac	h N Braids L Firm/Company	LC
			ul - 0	920
		Bradent	City/State and Zip Code	
		<u>beachnb</u> E-mail address: (raids 365@gmain	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
F	VECTOUS 1	Woble Person	at (<u>8/3</u>) <u>773</u> - Area Code Daytim	3338 ac Telephone Number
Enclos	ed is a check for th	ne following amount:		
⊠ 52	5.00 Filing Fee	S30.00 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

Braids LLC	2023 SEP -5 AM 7: 19
	3 (1)
oility Company were filed on (January 20, 2023 and assigned
34	
ring:	
he limited liability company he	<u>re</u> :
ds "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
ole:	
ADDRESS)	
<u></u>	
istered office address on our ro here:	ecords, enter the name of the new registere
Enter Flor	ida street address
isher Flori	
City	, Florida Zip Code
	ting: he limited liability company he ds "Limited Liability Company." the de ole: ADDRESS) DX) istered office address on our re here: Enter Flori

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>	Address	Type of Action
AR	Branden Noble	3974 75th St W Apt 920	□Add
		Bradenton, FL 34209	✓Remove
			☐ Change
MGR	Precious Noble	3974 75th St W Apt 920	🗖 Add
		Bradenton, FL 34209	□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
-	
-	4
(If an eff <u>Note:</u>	ve date, if other than the date of filing:
he recor ord is fil	I 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.
Dated	August 29 . 2023 .
	Signature of a member or authorized representative of a member
	Branden Noble Typed or printed name of signee