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(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co									
SUBJECT: F.X	traordinary ho	ir and Apparel nited Liability Company	LLC						
	Name of Lin	nited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.							
Please return all corresp	ondence concerning this matter								
	Soraya Ri	chardson-Cope	land B						
	Extraordina	ary hair and A	ipparel Lic 2						
	2950 W Cy	press Creek Rd.	Ste 101 PMB 100						
	Fort Lauder	dale FL 3330 City/State and Zip Code	9						
	Extraordinare E-mail address:	thair and appar	relagnail.com						
For further information of	concerning this matter, please c								
Soraya	Richardson-Ca	pekind (850) 601- Area Code Daytim	- aa44						
Name o	f Person	Area Code Daytim	e Telephone Number						
Enclosed is a check for the	he 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)						
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction						
Division of C		Division of Cor							
P.O. Box 632	.7	The Centre of T	allahassee						
Tallahassee, I	FL 32314	2415 N. Monroe	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Extraordinary hair and Apparel 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 L	iability Company were filed on	February Od, 2021	3 and assigned
Florida document number La30006	21/12		G
This amendment is submitted to amend the foll	owing:	, 5 .	2023F
A. If amending name, enter the new name o	f the limited liability company	here:	EB 27
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the	e designation "LLC" or the abbrevi	ation L.L.C
Enter new principal offices address, if applic	able:	नाइ.	2:00
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or r		records, enter the name of	the new registered
agent and/or the new registered office address	s here:		
Name of New Registered Agent:	Soraya Richa 2950 W Cypre	ardson-Copela	ind_
New Registered Office Address:	2950 W CYPTE	SS Creek Rd Ste Porida street address	2 101 PMB 106
	Fort Lauderdale	Florida <u>332</u> Zi _j	509 p Code
Now Degistered Agent's Signature if changing t	Conictored Aments		

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.

f 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 Title Name Address Soraya Richardson-Copeland 2950 W Cypress Creek Rd.
Fort Lauderdale FL 133309 _____ □Remove □Change $\square Add$ □Remove ____ □Change □Add ☐ Change □Remove

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fan effective di <u>Note:</u> If the c document's ef	te, if other the ate is listed, the c late inserted in ffective date or	date must be s this block on the Depart	pecific and loes not n ment of S	cannot be neet the ap tate's rec	prior to da oplicable ords,	statutory f	īling requi	90 days aft rements, th	is date wi	ll not be i	listed as t
d is filed.	fies a delayed o								b) The 9	Oth day a	fter the
Dated	2 	-27	· ,	202	<u>3</u> .						
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		Sign	ature of a n	nember or	authorized	l representa	tive of a me	mber			