L23000102137

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: CHEROKE	EE BEST HAIR DESIGNS LL	C		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cecil Becks			
		Name of Person		
	CHEROKEE BEST HAIR	DESIGNS LLC		
		Firm/Company		
	7234 STONEHURST RD	N'		
	7234 STONEHORST KID	Address	 .	·
	Jacksonville Florida 32277	City/State and Zip Code		
	cecilbecks@gmail.com			
	E-mail address: (to be used for future annual	report notification)	207
For further information c	oncerning this matter, please co	ul:		7.7. 19
Cecil Becks		at (904) 83	126265	19
Name o	f Person	Area Code	Daytime Telepho	
Enclosed is a check for the	he following amount:			#: 55 #: 55
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street A</u> Registr	.ddress: ration Section	
Division of C	Corporations	Divisio	on of Corporatio	
P.O. Box 632	1.7	The Ce	entre of Tallahas	see

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHEROKEE BEST HAIR DESIGNS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000102137</u>	were filed on 02/27/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LL.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-//	
	/	- 9
Enter new mailing address, if applicable:		₽
		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uddress
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Cecil Becks	7234 STONEHURST RD N	
		JACKSONVILLE, FL 32277	□Remove
		7234 STONEHURST RD N	□Change
CEO	Cecil Becks	JACKSONVILLE, FL 32277	
			□Remove
			□ Add □ SRemove
			G GChange
			C)Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
-			□Add
			□Remove
			□Change

rie is the CEO. II	f you all choose to u	se CEO and Authori	zed Member interchangeb	ly then disregard my	two option
and enter the one	that is best or both.	I just need to ensure	e that the records get update	ted so that the neccess	sary
bank accounts fo	r the business can be	e opened			
updale E	:IN: 92	1-29963	36		
n effective date is listed te: If the date insert	l, the date must be spec ted in this block does	ific and cannot be prior s not meet the applic	to date of fifing or more than able statutory filing require		
n effective date is listed ote: If the date insert cument's effective di ecord specifies a dela	l, the date must be spec ted in this block does ate on the Departme	ific and cannot be prior s not meet the applic nt of State's records	to date of fifing or more than able statutory filing require	90 days after tiling.) Purements, this date will	not be listed
ote: If the date insert cument's effective d	l, the date must be spec ted in this block does ate on the Departme	ific and cannot be prior s not meet the applic nt of State's records	to date of filing or more than able statutory filing requi	90 days after tiling.) Purements, this date will	

Typed or printed name of signee