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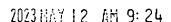
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COVER LETTER

erabilezen.	KATTS HAI	IR KREATIONZ LLC		
SUBJECT:		Name of Lim	ited Liability Company	····
The enclosed	I Articles of A	vmendment and fee(s) are sub	mitted for filing.	
Please return	alt correspon	dence concerning this matter	to the following:	
		KATHERINE ODRAIN		
			Name of Person	
		TTS HAIR KREATIONZ LLC Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. torrespondence concerning this matter to the following: KATHERINE ODRAIN Name of Person KATTS HAIR KREATIONZ LLC Firm/Company 12910 COLLEGE HILL DRIVE Address HUDSON, FL 34667 City/State and Zip Code KATTSHAIRKREATIONZ@GMAIL.COM E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: DRAIN Name of Person Area Code Daytime Telephone Number Cet for the following amount: Fee Cartificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
			Firm/Company	
	BJECT: KATTS HAIR KREATIONZ LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: KATHERINE ODRAIN Name of Person KATTS HAIR KREATIONZ LLC Firm/Company 12910 COLLEGE HILL DRIVE Address HUDSON, FL 34667 City/State and Zip Code KATTSHAIRKREATIONZ@GMAIL.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: THERINE ODRAIN Name of Person Area Code S61-9493 Daytime Telephone Number Losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certificat Copy Certificat Copy Certificat Copy Certificat Copy Certificat Copy (additional copy is enclosed) Certified Copy Certified Copy			
		·	Address	
		HUDSON, FL 34667		
				
			<u>-</u>	ication)
For further is	iformation co.	ncerning this matter, please co	all:	
KATHERIN	E ODRAIN			
	Name of	Person	Area Code Daytime	Telephone Number
linglosed is a	check for the	following amount:		
■ \$25.00 }	Filing Fee		Certified Copy	Certificate of Status &

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

KATTS HAIR KREATIONZ LLC			
(<u>Name</u> of the <u>Limi</u>	ited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) pany)	
he Articles of Organization for this Limited L		on 05/08/2023	and assigned
orida document number 1.23000227293	·		
is amendment is submitted to amend the following	lowing:		
. If amending name, enter the new name o	of the limited liability compa	ny here:	
new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applic	cable:		· · · · · · · · · · · · · · · · · · ·
rincipal office address MUST BE A STREI	ET ADDRESS)		
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE	<u>BOX)</u>		
			
. If amending the registered agent and/or it tent and/or the new registered office addre		our records, <u>enter the r</u>	name of the new registo
cut and/or the new registered office addre	as ucie.		
Name of New Registered Agent:	KATHERINE ODRAIN		
New Registered Office Address:	12910 COLLEGE HILL DR		
	Ent	er Florida street address	
	HUDSON	, Florida	34667
	City	 .	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.

I 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
MGR	KATHERINE ODRAIN	12910 COLLEGE HILL DR	ĭZAdd
		HUDSON, FL 34667	□Remove
			Change
			🗆 Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Change
			□Add
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ADDIN	NG KATHERINE ODRAIN AS REGISTERED AGENT AND MGR	
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in effective dai <u>ate:</u> If the da	e, if other than the date of filing: 05/08/2023 (optional) ate 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 I fective date on the Department of State's records.	505.020 isted as
ecord specifi is filed.	ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
	8TH 2023	

KATHERINE ODRAIN