L23000257074

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hair with an Attiude 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:
CARIANTAY OR Name of Person
Hair with an uttinde Lite
4400 Song Sparrow Or
Middlebing Cl 32068 Chi State and Zip Code
Taylorb ZK3 @ Gmail. Com 4-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARIANTAJOR 11,904, 316-3078
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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

Hair with	1 an	Attiudo	e LLC			
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears iability Company)	on our records.)			
The Articles of Organization for this Limited Liab Florida document number L2300025		were filed on	1ay 25,2	<u>025</u> an	ıd assigr	ned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the	he limited liabi	lity company her	<u>'e</u> :			
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the des	signation "LLC" or th	e abbreviatio	on "L.L.C	2."
Enter new principal offices address, if applicab	ole:					
(Principal office address MUST BE A STREET.	ADDRESS)			TA'.	023	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>			AHASSEE FLORIDA	AUG 23 PM 4: 02	E E
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our red	cords, <u>enter the n</u>	ame of th	e new r	egistered
Name of New Registered Agent:	_ CAR	cla Tray	Mon			
New Registered Office Address:	1365	Cassa Enter Florid	Ha street address			T. T.
	<u>J</u> 0	ialson Vil	le_, Florida	36 Zip (120 Code	5_
New Registered Agent's Signature, if changing Reg	gistered 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 Orage	Type of Action
AMBR	Shadreka m Smith	2435 Lucy Branch Ove F1 32073	_ □Add
		<u>. </u>	_ X Remove
Authoriz	red		_ □Change
Signer	Shadrek m Smith	245 Lucy Branchare	_ K JAdd
		245 Lucy Branch are Opingefark, F1 32073	_□Remove
			_ 🗆 Change
AMBR	Carla Taylor	4400 Borg Sparraw On Michelaurg Ft 32068	_ Æ [Add
		Michely of 32068	_ □Remove
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Effect	ive date, if other than the date of filing: \(\lambda	
f an ef	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	
	ent's effective date on the Department of State's records.	13
record d is fi	d 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	e
Dated	august 14 2028	
	Signature of a member of authorized representative of a member	
	Signature of a memory of authorized appearance of a memori	
	CARIA TAYLOR	

Filing Fee: \$25.00