L23000292771

(i	Requestor's Name)
	Address)
(/	Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1)	Business Entity Name)
<u> </u>	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:





000413815180

08/14/23--01033--020 **30.00

.. ... 2: =0

S. ROTT (

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>Me</u>	mbers Only Name of Line	1 Hair Studic ited Liability Company	» LC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Christi	ne Arena Name of Person	
	Member	S Only Hair St Firm/Company	idic UC.
	1859 Or	ange BIVd We	ay
	Palm Ho	City/State and Zip Code TENC 13 a) Yaha o be used for future annual report notifi	4683
	E-mail address: (1	TENCLIST Yaho o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Christine Name of	Person		- 4232 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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)
N. 9:		Charact A Llauren	

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

Members Only Hair Studio LLC.

		(A Florida Limited Liability Company		
The Articl	les of Organization for this Limited I	iability Company were filed on	June 16,	2023 and assigned
lorida do	ocument number <u>L 23000</u> 2	9277/	,	
his amer	ndment is submitted to amend the fol	lowing:		
A. If amo	ending name, <u>enter the new name (</u>	of the limited liability company	here:	
he new nai	me must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or	the abbreviation "L.L.C."
nter nev	w principal offices address, if appli	cable:		
Principal	l office address MUST BE A STRE	ET ADDRESS)	 	
			······································	· 3 -
	71			<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				۲.
		<u>BOX)</u>		27.9
		 		· .9
	ending the registered agent and/or i/or the new registered office addre	ess here:	_	
בלשימון - 1	Name of New Registered Agent:	Christine	Frena	:
New Registered Office Address:		Enter F	lorida street address	
			Florid	la
		City .	,	laZip 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.

(Same)

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
MBR_	Christine Arena	Address 1859 Orange Blud Way Palm Harbor FL 34683	MAdd
			□Remove
			□ Change
			🗆 Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□ Change
		4-/4-1	□Add
			□Remove
			□Add
			□Remove
		· 	🗆 Change
			🗆 Add
			□Remove

~~~~~

|                    | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                                                                                         |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _                  |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
| _                  |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
| -                  |                                                                                                                                                                                                      |
| _                  |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
| _                  |                                                                                                                                                                                                      |
| _                  |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
|                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                |
| _                  |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
| -                  |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
|                    |                                                                                                                                                                                                      |
| ffecti             | ve date, if other than the date of filing: (optional) ctive 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 605.0207 |
| ote:               | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as                                                                        |
| ocumo              | nt's effective date on the Department of State's records.                                                                                                                                            |
|                    |                                                                                                                                                                                                      |
| record<br>Lis file | 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                                                                           |
|                    |                                                                                                                                                                                                      |
| ated               | 8/9/2023                                                                                                                                                                                             |
|                    | S/9/2023,  Chusting Chena Signature of a member or authorized representative of a member                                                                                                             |
|                    | Christino Grena                                                                                                                                                                                      |
|                    | Signature of a member or authorized representative of a member                                                                                                                                       |
|                    | Christine Arena<br>Typed or printed name of signee                                                                                                                                                   |
|                    | Typed or printed name of signee                                                                                                                                                                      |