L23000294983

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(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Hair	Goat LLC
SUBJECT: No	ame of Limited Liability Company
The enclosed Articles of Amendment and fee((s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
	Ryan Reynolds Name of Person
	The Hair Goat LLC Firm/Company
	•
476	O Olive Branch Kd
-	Address '- 2
	Orlando Fl 32811 City/State and Zip Code
	City/State and Zip Code
re	y no lds 765@gma; 1.com il address: (to be used for future annual report notification)
E-mai	address: (to be used for future annual report notification)
For further information concerning this matte	r, please call:
Ryan Reynolds	at (32/ Area Code) 223-2943 Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	:
□ \$25.00 Filing Fee □ \$30.00 Filing Certificate of	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tananassee, TE 32317	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Hair (Tont	LLC.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on o	ur records.)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, フノ	Hair Coat LLC
The Articles of Organization for this Limited Liability Company	were filed on <u>/ 1/e</u>	and assigned
The Articles of Organization for this Limited Liability Company of Florida document number 423000294983.	زغ	1-19.2023
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		ن.
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BOX)		
inding duness may but a jost of Fige Bong		un un
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my a	luties, and I am familiar with and

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	Type of Action
MGR	Lyan Reynolds	4760 Olive Brunch Ld orlando F/ 32811	DAdd
		orlando F1 32811	□Remove
			□Change
			🗆 Adđ
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ective date, if other than the date of file effective date is listed, the date must be specific	ling:		(optional)	Duscuant to 605 (
te: If the date inserted in this block does no	ot meet the applicable	statutory filing requir	ements, this date w	vill not be listed
tument's effective date on the Department of	of State's records.			
to the state of th	and an official in a	at 12:01 a.m. on the a	arliar of (h) The	90th day after
	not an effective time,	at 12.01 a.m. on the c	arner or. (0) The	Jour day and
s filed.				
s filed.	_,			
ecord specifies a delayed effective date, but s filed. Tuly 11, 2023	of a member or authorized			

Filing Fee: \$25.00