LZ3000320385

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STANDART OF STATE

COVER LETTER

Division of Corpo	rations		•	
SUBJECT: Sit S	Name of Lim			
	nendment and fee(s) are sub- ence concerning this matter	-		
rease return an correspond	ence concerning this matter	to the tonoving.		
	Elizabeth	Peress Name of Person		
	Tortoise	Firm/Company	Holding	s, LLC
	385 2 C	ountry Club	Lane	
	Fort Lau	city/State and Zip Code	_ 33308	<u> </u>
	elizabeth.			
For further information con-	cerning this matter, please ca	ıll:		
Elizabeth Name of Po		at (<u>336</u>) Area Code	314 - 027 Daytime Telephone	Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ced) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address:		Street Add	recc.	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT J TO ARTICLES OF ORGANIZATION OF

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<u> </u>		
Sit_Still FTL, LL	<u>C</u> 2023 JI	IL 24 AM 10: 54
(Name of the Limited Liability Compa (A Florida Limited I	Canadany Company	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 320385</u>	were filed on 7/6/23	ASSEE FIGURE and assignida
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Hairitage FTL LLC		
Hair itage FTL LLC The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3852 Country C	Juh Ln
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale	FL 3330.
same as before	/	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, enter the name	e of the new register
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, Florida_	
	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.

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
			<u> </u>	□Add
	-:			□Remove
1				□Change
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	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	Fig. 123 A
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	F. S. S.
	Part 1
	<u> </u>
T.40	
If an effective date	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
inote: If the dat	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ective date on the Department of State's records.
e record specifie rd is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
Dated	ath of, July 2023
	Signature of a member or authorized representative of a member
	Elizabeth Peress