L23000326982

(Requestor's Name)
(Address)
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(Address)
(City/Chata/7 in /Dhana #1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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COVER LETTER

•	ision of Corp			
SUBJECT:	PRECIOUS	STONE HAIR BRAIDING A	AND COSMETICS, L.L.C.	
JOBJEC 1.				
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		RAFIATOU TILADE		
			Name of Person	
		PRECIOUS STONE HAIF	R BAIDING AND COSMETICS, I	.L.C.
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		7528 ARLINGTON EXPR	RESSWAY APT#505	
			Address	
		JACKSONVILLE, FLORE	DA 32211	
			City/State and Zip Code	
		rtilade@yahoo.com	to be used for future annual report noti	tication)
For further in	ıformation ∝	oncerning this matter, please co		incation)
RAFIATOU	TILADE		904 438-0891 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	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)

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

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ARTICLES OF AMENDMENT TO

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ARTICLES OF ORGANIZATION

OF

ACLARA SET FOR

(Name of the Lim	nited Liability Company as it now appe (A Florida Limited Liability Company)
The Articles of Organization for this Limited . Florida document number L23000326982	Liability Company were filed on _	ULY 10,2023 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
emer new maning address, it applicable: Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or		records, enter the name of the new regi
agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:	RAFIATOU TILADE	
New Registered Office Address:	7528 ARLINGTON EXPRESS	WAY APT#505
	Enter F	lorida street address
	JACKSONVILLE City	Florida 32211 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 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
			□Add
			□Remove
			☐ Change
			_Add
		**************************************	Remove
			Change
			□Add
			□Remove
			Change
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			□Remove
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	date of filing:		(option	nal)
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