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COVER LETTER

	ivision of Co		•	•		
SURJECT	The Hairtistry Experience, LLC					
SUBJECT: Name of Limited Liability Company						
The enclose	ed Articles of	Amendment and fee(s) are sul	omitted for tiling			
		ondence concerning this matter				
		Kanija S Walker				
		-	Name of Person			
		The Hairtistry Experience	, LLC			
			Firm/Company			
		4732 Everhart Dr				
			Address			
	Land o Lakes, FL 34639					
			City/State and Zip Code			
		kanijasw@gmail.com				
		E-mail address: (to be used for future annual report no	tification)		
For further	information c	oncerning this matter, please c	all:			
Kanija S Wałker		813 317-8026				
Name of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed is	a check for th	ne 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)		
	ailing Addres		Street Address: Registration Se	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Hairtistry Experience, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/20/2023}{2}$ and assigned Florida document number L2300034359\ This amendment is submitted to amend the following: 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 applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ City

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
MGR	Kanija Walker	4732 Everhart Dr Land o' lakes,FL 34639	🗆 Add
			□Remove
MGR	Robert A Keve II	4732 Everhart Dr Land o Lakes, FL 34639	🗆 Add
			≣Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
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Effective date, if other than the date of filing:	605,0207 (3) listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day as cord is filed.	ifter the
Dated	
Signature of a member or authorized representative of a member	
KANIJA S WALKER	