## L23000391763

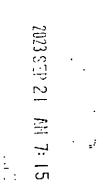
(Re	equestor's Name)	
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(Cit	:y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/21/23--01013--018 \*\*25.00



0/ 10/4/2033

## **COVER LETTER**

Registration Section Division of Corporations

TO:

· SUBJECT.	Nyah Hair	Extensions LLC		
SUBJECT;		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Zully Vasquez		
			Name of Person	
		Nyah Hair Extensions		
			Firm/Company	
		1650 Coral way		
			Address	
		Miami FL 33145		
			City/State and Zip Code	
		zullyv1111@gmail.com		
		E-mail address: (	to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	all:	
zully Vasque	ez		305 927-1397	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	filing Fee	S30.00 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)
Reg Div P.C	iling Addres gistration 9 vision of C D. Box 632 lahassee, I	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2023 SEP 21 AM 7: 15

			1. 1.
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our rec	eords.)	
(A Florida Diffico Dia	company,	•	• * •
The Articles of Organization for this Limited Liability Company w	ere filed on 08/21/2023	and	assigned
lorida document number 1.23000391763			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "l	LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	
		<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		3333	
3. If amending the registered agent and/or registered office ad	dress on our records, en	ter the name of the	new regis
	dress on our records, <u>en</u>	ter the name of the	new regis
gent and/or the new registered office address here:	dress on our records, <u>en</u>	ter the name of the I	new regis
gent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records, <u>en</u>	ter the name of the	new regis
gent and/or the new registered office address here:	dress on our records, end		new regis
	Enter Florida street ada		

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
MGR	Zully Vasquez	1650 Coral way apt 507	Add
		Miami Fl 33145	□Remove
			Change
AMBR	Zully Vasquez	1650 Coral way apt 507	<b>≣</b> Add
		Miami FL 33145	□Remove
			Change
			DAdd
			□Remove
			□ Change
			□ Add
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(If an eff Note:	ve date, if other than the date of filing:  (optional)  ective 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 (3 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor ord is fil	d 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 ed.
Dated	September 19  2023  Signature of a member or authorized representative of a member
	Typed or printed name of signce

Filing Fee: \$25.00