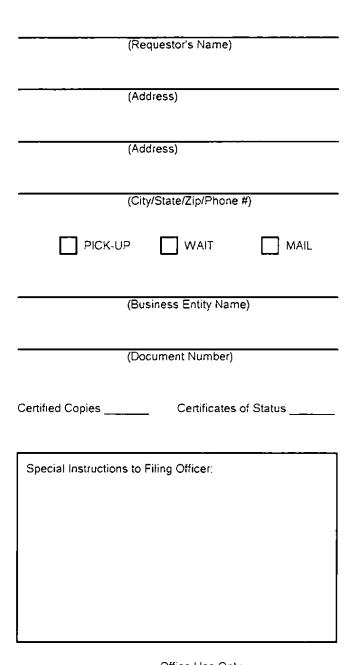
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DEPARTMENT OF STATE
DEVISION OF CORPORATIONS

**A. PARISHANI NOV 0** 5 2023

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations							
SUBJECT: Your	Wigs 3 Extension	ed Liability Company	2023 OCT 30 AM 9: LL GEFARTHENT OF STATE GRYSSIGN OF CORPORATION TALLAHASSEE, FLORIO.					
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	T 30 RIME N OF C					
	idence concerning this matter to		NT OF					
,	_		1. STA					
	Jamila F	Name of Person						
		Extensions LLC Firm/Company						
	<u>951 Sw k</u>	appa Ave						
	Port Saint	Lucie, FL, 349 City/State and Zip Code	53					
	E-mail address. (t	o be used for future annual report noti	fication)					
For further information co	oncerning this matter, please ca	all:						
Jam. Ja	Romeo	at ( <u>561</u> ) <u>578 - 0</u> Area Code Daytim	7274 ne Telephone Number					
Enclosed is a check for th	ne following amount:							
S25.00 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)					
Mailing Address Registration S	Section	<u>Street Address:</u> Registration Se Division of Co						
Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	U	Γ 4_			
Udm Jak R (Name of the Limited	Amelo Luciability Compar Florida Limited L	You You y as it now appears of iability Company)	Wigs	3 Exter	isions LCC
The Articles of Organization for this Limited Lial Florida document number <u>L23000446</u> This amendment is submitted to amend the follow  A. If amending name, enter the new name of the lambda Romeo LL  The new name must be distinguishable and contain the work	o 159 ving: <u>he limited liabi</u>	lity company here	:	3 OCT 30 AM 9: LEPARTMENT OF STATISTION OF CORPORATION LLAHASSEE, FLORID	ssigned  T
Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ole:	201 N US # 1067 x			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	201 N U	S Highu Jupiter	Nay 1 .	ste DIO
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our reco	ords, <u>enter the r</u>	name of the ne	ew registered
Name of New Registered Agent: New Registered Office Address:	Jamila 951 SW	Romeo Kappa Au	Company of hear		
	Port Sc	ant Luci	C Florida	3495 Zip Code	3

## 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  7023 (C)  FALLOW COLUMN  FAL
			2023 OCT 30 AM 9E44 DEPARIMENT OF STATE DEPARIMENT OF STATE DEPARIMEN
			□Change
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