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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAT'S BEAUTY SHOP LLC

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M. SOLOMON

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123-11-14 12:50 EST Tima J. Arvin

+17274421200 PAGE 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAT'S BEAUTY SHOP LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000501988</u>	were filed on 11/06/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Lt	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u> s	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
-	Enter Florida street addr	ress
	, I	Florida
	Cuţ	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
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Fax Audit	# H23000393943 3		□ Change

	ARTICLE IV:	
	The effective date for this limited liability company shall be the date of filing of the Articles of Organization by	
	the Florida Department of State.	
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(lf an <u>No</u> i	ective date, if other than the date of filing:	0207 (3)(b) ed as the
If the re record is	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after s filed.	the
Dat	November 13 2023	
	GO I A	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee