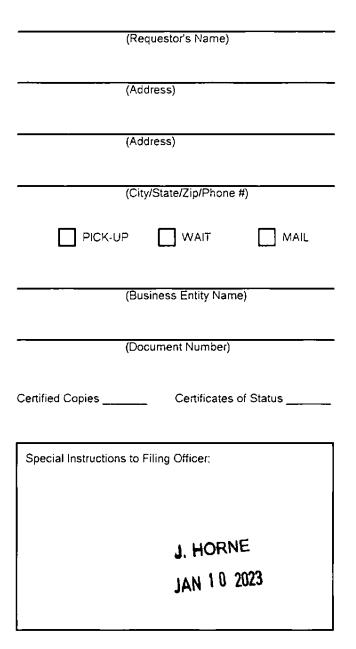
L23000502871



Office Use Only



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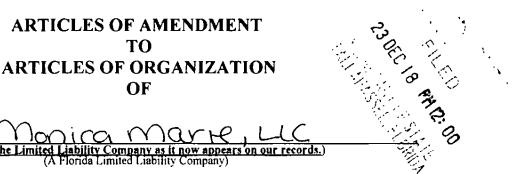
COVER LETTER

Division of Corporations
SUBJECT: Hair by Monica Marie, L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Person
Haix By Monica Marke, UC.
6017 Pine Ridge Rd #323
Naples, FL 3416 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Monica Luciano at (234) Societa Societ
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

ARTICLES OF AMENDMENT TO



(A Florida Limi	ited Liability Company)	4
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L2300050387</u>].	any were filed on $11 \mid 00 \mid 23$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I THE SCALP BOY, LI The new name must be distinguishable and contain the words "Limited I.		reviation "LTC"
Enter new principal offices address, if applicable:	monny company, the designation time of the and	Evillation E.E.C.
(Principal office address MUST BE A STREET ADDRESS	2)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	

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.

City

Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
		 -	□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec <u>Note:</u> If	date, if other than the date of filing:
If the record : record is filed	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
Dated]	December 14th, 2023.
	Signature of a member or authorized representative of a member
	Monica Luciano Typed or printed name of signee