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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		PINK HAIR SALON LLC		
SUBJE	∠1: <u> </u>	Name of Lim	ited Liability Company	
			-	
		KEARA VERLEY BEVE	LS	
		 	Name of Person	
		PEARLY PINK HAIR SA	LON LLC	
			Firm/Company	
		5275 BABCOCK ST NE		
			Address	
		PALM BAY FL 32905		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For furth	er information o	oncerning this matter, please ca	all:	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KEARA VERLEY BEVELS				
Enclosed	l is a check for the	he following amount:		
\$ 25.	00 Filing Fee		Certified Copy	Certificate of Status &

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 ARTICLES OF ORGANIZATION OF

0328962044		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
· ·		1 1
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L24000069085		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		
•		
(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 registere
	audi ess ou our records, <u>enter the</u>	THE STATE OF THE S
Name of New Registered Agent:		
New Registered Office Address:		
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 provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.		
	, Florid	.2
		Zip Code
New Registered Agent's Signature, if changing Registered Agent	E	
provisions of all statutes relative to the proper and complete	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
company has been notified in writing of this change.		<u>></u> , ≈
		25 Z
If Cha	nging Registered Agent, Signature of Ne	

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	KEARA VERLEY BEVELS	5275 BABCOCK ST NE PALM BAY FL 32905	■Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			SE DIE HARDING SE DIE S
		Abbet, FL	P Remove P STATE

If amending any other informat	•	3 . ,	•		•			
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inscreted in this blo document's effective date on the De	ock does not nepartment of S	neet the applica tate's records.	ble statutory fili	ing requireme	ents, this d	ate will r	iot be lis	sted as
record specifies a delayed effective d is filed.	date, but not	an effective tin	ne, at 12:01 a.m	. on the earlie	er of: (b)	The 90tl		er the
MARCH 20	,	2024	_•			TALL	2024 MAR	
Keara U	ret	Bev	els			NHAS NHAS	25	Carlos Carros
· ·	Signature of a r	nember or author	azed representativ	ve of a member		207	<u> </u>	•
KEARA VERLEY BEV	FIC		•			ST.	2:51	

Filing Fee: \$25.00