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Io:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

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K. SALY

FFB - 3 2025

COVER LETTER

TO: Registration S Division of Co			
BLOW&C	GOMOBILEBARBERSHOP LI		
30bate 1	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	_	
	Erik Treutlein		
		Name of Person	
	Legalzoom.com. Inc.		
	••••	Firm/Company	
	4900 Spectrum Dr		
		Address	
	Austin, TX 78717		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Erik Treutlein		800 773-0888 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BLOW&GOMOBILEBARBERSHO	OP ELC	7744/1867-27
(Name of the Limite	ed Linbility Company as it now appears on ((A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia	ability Company were filed on _03/11/2	2024 and assigned
Florida document number L24000120168	·	
his amendment is submitted to amend the follo	owing:	
a. If amending name, enter the new name of	the limited liability company here:	
Fransformed Again Salon LLC		
he new name must be distinguishable and contain the we	ords "Limited Liability Company," the designa-	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
D: : / //	T ADDRECC)	
<u>Principal office address MUST BE A STREE</u>	<u> </u>	
Principal office address MUST BE A STREET	ADDKESS)	
Principal office address MUST BE A STREET		
Principal office address MUST BE A STREET Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E		
Inter new mailing address, if applicable:		
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Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE E</u>	<u></u>	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/o	or registered office address on our	
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Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/o egistered agent and/or the new registered off	or registered office address on our	records, enter the name of the
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/ofegistered agent and/or the new registered office is a second segment. Name of New Registered Agent:	or registered office address on our lice address here:	records, enter the name of the

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.

f Changing Desirtary Count Signature of New Paristern Count	
/S/	

Γo:	Page: 5 of 6	2025-01-31 06 03:06 PST	LegelZoom.com, Inc.	From; Malika Lac

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager Authorized	Member
<u>Title</u>	<u>Name</u>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change

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D. If ame	ending any other information	on, enter change(s) here: (Attach e	udditional sheets, if necessary.)	
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(if an effe <u>Note:</u>	etive date is listed, the date must be	k does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be lis	
	ord specifies a delayed e 90th day after the recor		ive time, at 12:01 a.m. on the earl	ier of:
Dated '	January 31	2025		
	/S/ Jessica Desire	e Galloway		
		gnature of a member or authorized represer	itative of a member	
		·		
	Jessica Desiree Galloway	Typed or printed name of sig		

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