L24000/26/13

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T. SCOTT MAR 2 8 2024



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COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
Ky's Beauty			
SUBJECT:	Name of Limito	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Kylee Wade		
	······································	Name of Person	
	Ky's Beauty Bar LLC		
		Firm/Company	
	1140 Mercers Fernery Rd		
		Address	
	Deland, FL 32720		_
		City/State and Zip Code	
	kylee.wade@icloud.com	o be used for future annual report not	ification)
			,
For further information	concerning this matter, please ca		
Kylee Wade		386 7489350 at () Daytin	Tologhona Number
Name	of Person	Area Code Daytir	ne reiephone vuinoer
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addr		Street Address: Registration S	Section
Registration Division of	Section Corporations	Division of C	orporations
P.O. Box 63		The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kyas Beauty Bar, LLC (Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company were filed on 03/13/2024		and assigne	d
Florida document number L24000126173			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:	9		
Ky's Beauty Bar LLC			*1
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbrev	riation "Life.C.	
Enter new principal offices address, if applicable:		· 🔨	 ,
(Principal office address MUST BE A STREET ADDRESS)		 	
		70	
	• ,	ī	-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address here:	enter the name o	of the new r	egister
Name of New Registered Agent:		_ 	
New Registered Office Address: Enter Florida street	address		
	em 11.		
	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.

If Changing Registered Agent, Signature of New Registered Agent

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

If affending Authorized Ferson(s) authorized	
or removed from our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			[]Remove
			Change
			Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effective date	if other than the date of filing:
the record specific cord is filed.	es 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 M	arch 28 2024
	Signification of a member of a member
	Typedor printed name of signee

Filing Fee: \$25.00