L24000301894

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000376398 3)))

H240003763983ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
        Division of Corporations
        Fax Number   : (850)617-6383

From:

        Account Name   : FORSYTH & BRUGGER, P.A.
        Account Number : I20040000147
        Phone   : (239)263-6000
        Fax Number   : (239)263-6757

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

Email Address: alexniakani@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRECISION HAIR SALON LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

T. LEMIEUX

NOV 13 2024

Electronic Filing Menu   Corporate Filing Menu   Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PRECISION HAIR SALON LLC
_____
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/5/2024 _____ and assigned
Florida document number L24000301894 _____.

This amendment is submitted to amend the following:

A. If amending name, **enter the new name of the limited liability company here:**

_____

The new name must be distinguishable and contain the words "Limited Liability 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)

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, enter the name of the new registered
agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
                                        Enter Florida street address

                            _____, Florida _____
                                        City   *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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Ekaterina Simans-Cherniavaskay	264 STORMONT TRAIL	☐Add
		WOODBRIDGE, ON L4H 4P6 CA	☒Remove
		264 STORMONT TRAIL	☐Change
AMBR	Ekaterina Simans-Cherniavskaya	WOODBRIDGE, ON L4H 4P6 CA	☒Add
			☐Remove
			☒Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

E. **Effective date, if other than the date of filing:** _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 11/12/2024 _____ , _____ .

_____
Signature of a member or authorized representative of a member

ARSHAM NIAKANI
_____
Typed or printed name of signee

Filing Fee: $25.00