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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Hair We Are USA, LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kerneth Sardler Name of Person	
Nassan Consulting Services LLC FirmCompany	
111 N. Pine Island Rd, Suite 2017	
Plantation, FL 33324 City/State and Zip Code	
Flequence yahoo.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Keneth Sardler at (954) 683-1189  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
Mailing Address: Street Address:	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	
Tallabassee FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hair We Are US	as it now appears on our records.)
(À Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L24 000 44 60 5</u> 7	rere filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
110-	
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)	SECKELAHAR AHAR
	2
Enter new mailing address, if applicable:	- Σ≳ ω [
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(Mailing address MAY BE A POST OFFICE BOX)	
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B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
NA	
Name of New Registered Agent:	
Tunic of the Registered rigers.	
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: 1 Strame charge MGR = Manager AMBR = Authorized Member **Type of Action** Title Name Mahmood Mozafary same DAdd AMBR □Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
To be clear, we are only changing the
name Moe Mozafary to Monnova Mozafary, Moe is his nickname:
Three 13 NS Maraine
<del></del>
<del></del>
E. Effective date, if other than the date of filing:
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 Nov. 7th 2024.  Nov. 7th 2024.  Nov. 7th 2024.  Signature of a member of authorized representative of a member.
Kerneth B Sardler Typed or printed name of signee

Filing Fee: \$25.00