## L18000166391

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## **COVER LETTER**

prporations		
Name of Lim	ited Liability Company	
of Amendment and fee(s) are sub	mitted for filing.	
condence concerning this matter	to the following:	
JESSIE NIEBLES		
	Name of Person	
ENDEAVOR GROUP, IN	(.	
	Firm/Company	
5280 SW 141ST TER		
	Address	
MIRAMAR, FL. 33027		
	City State and Zip Code	
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	·	mication)
	305 922-6768	
of Person	Area Code Daytii	me Telephone Number
the following amount:		
☐ \$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 radditional copy is enclose
	<u>Street Address:</u> Registration S	ection
Corporations	Division of Co	orporations
	The Centre of	
	of Amendment and fee(s) are sub- pondence concerning this matter  JESSIE NIEBLES  ENDEAVOR GROUP, IN  5280 SW 141ST TER  MIRAMAR, FL. 33027  ENDEAVORGCOMPANY  E-mail address: ( concerning this matter, please c  of Person  the following amount:  □ \$30.00 Filing Fee &	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  bondence concerning this matter to the following:  JESSIE NIEBLES  Name of Person  ENDEAVOR GROUP, INC  Firm Company  5280 SW 141ST TER  Address  MIRAMAR, FL. 33027  City State and Zip Code  ENDEAVORGCOMPANY@GMAIL.COM  E-mail address: (to be used for future annual report no concerning this matter, please call:  of Person  at (305

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALESSANDRA'S HAIR STUDIO, LLC.		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000166391}{1.18000166391}$ .	were filed on <u>07-10/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
TONES BEAUTY STUDIO, LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2101 PALM AVENUE UNIT 6-101	
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL. 33025	
Enter new mailing address, if applicable:		2021 AF
Mailing address MAY BE A POST OFFICE BOX)		72 - 23
		- 7
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regist
		,
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
	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 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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
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		Signature!	of a member or	authorized repr	esentative of a n	nember		