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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A

Account Number : I20170000034

Phone

: (239)689-1096

Fax Number

: (239)791-8132

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUDIO HAIR 44, LLC

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APR 0 1 2020

COVER LETTER

	gistration Sec vision of Corp				
CHUIPTT.		AIR 44, LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclose	d Articles of	Amendment and fcc(s) are subr	nitted for filing.		
Please return	all correspon	ndence concerning this matter t	to the following:		
		RITA JACKMAN			
			Name of Person		
			Firm/Company	4701-7	
		12381 S. CLEVELAND A	AVE		
			Address		
		FORT MYERS, FL 3390	7		
			City/State and Zip Code		
	LEGAL@YOUR-ADVOCATES.ORG				
		E-mail address: (t	to be used for future annual report noti	fication)	
For further	information co	oncerning this matter, please ca	մ ք։		
RITA JACKMAN		239 689-1096 at ()			
	Name of	f Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	ne 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 Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To: 18506176383 From: 12395403336 Date: 03/31/20 Time: 10:07 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUDIO HAIR 44, LLC	<u> </u>	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number L19000259254	Company were filed on 10/28/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	or the abbreviation "L.b.C."
STUDIO 44 HAIR, LLC The new name must be distinguishable and contain the words "Lim	2. All Little Comments the designation of LCO	or the abhamistion "L. b. C."
The new name must be distinguishable and contain the words "Lim	nited Liability Company, the designation CLC	of the appreviation \$50.0.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		· F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	City	z.w 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.

To: 18506176383 From: 12395403336 Date: 03/31/20 Time: 10:07 AM Page: 04/05

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
			□ Add 202 □ Religive
			□Chúde
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tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be propertied in this block does not meet the appointment's effective date on the Department of State's recomment.	ior to date of fili licable statuto	ng or more than 90 ry filing requires	nenis, uns uau	.) Pursuant to	605.0 listed
ord specifies a delayed effective date, but not an effective filed.	e time, at 12:0	l a.m. on the ca	lier of: (b) T	he 90th day	after t
MARCH 28, 2020					
		\rightarrow			

Filing Fee: \$25.00