

L1800014/191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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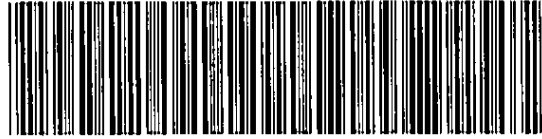
(Business Entity Name)

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2019 MAR 25 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 04 2019

T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIV HAIR DESIGN, LLC

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:

CORLINE ST MARTIN

Name of Person

Firm/Company

8446 W OAKLAND PK BLVD

Address

OAKLAND PK, FL 33351

City/State and Zip Code

CORLINE2009@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORLINE

954

6573978

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LIV HAIR DESIGN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2019 MAR 25 P 3 57

The Articles of Organization for this Limited Liability Company were filed on 06/07/2018 and assigned
Florida document number L18000141191

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

CORLINE SALON LLC

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:

8446 W OAKLAND PK BLVD

(Principal office address MUST BE A STREET ADDRESS)

OAKLAND PK, FL 33351

Enter new mailing address, if applicable:

6811 SW 7th PLACE

(Mailing address MAY BE A POST OFFICE BOX)

NORTH LAUDERDALE, FL 33068

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:

DAZILE & ASSOCIATES, LLC

New Registered Office Address:

4483 NORTH STATE RD 7

Enter Florida street address

LAUDERDALE LAKES

Florida 33319

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ST MARTIN, CORLINE	6811 SW 7th PLACE N. LAUDERDALE, FL 33068	☒ Add
			☐ Remove
			☐ Change
MGR	ASAYAG, SHLOMI	1838 N NOB HILL RD PLANTATION, FL 33322	☐ Add
			☒ Remove
			☐ Change
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			☐ Change

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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.

Dated MARCH 20 2019

MARCH 20

[Handwritten Signature]

Signature of _____

Signature of a member or authorized representative of a member

CORLINE ST MARTIN

Typed or printed name of signee