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(Address)				
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AUG 0 4 2016 **3. YOUNG** SECRETARY OF STATE FALLARY SSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: CHEVEUX 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:
FRANCES SESTER Name of Person
CHEVEUX HATR DESIGN, LLC Firm/Company
2522 CAPITAL CIRCLE N.E. #16 Address
TALLAHASSE FLA, 32308 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANCES SESTER at (850 933-5559 5 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHEVEUX HATR DESIGN, LLC

(Name of the Limited (A	Liability Company as i Florida Limited Liability	t now appears on our re y Company)	xords.)	
The Articles of Organization for this Limited Liab		filed on	$\frac{8/2005}{}$ and assign	ned
Florida document number <u>L050000</u>	56427			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liability c	ompany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Cor	npany," the designation '	'LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicat	ole:	i		
(Principal office address MUST BE A STREET	ADDRESS)			===
	$/ \setminus -$		16 AUG	THE THE TEN
Enter new mailing address, if applicable:	\ _		1	
(Mailing address MAY BE A POST OFFICE BO	oxi			- F
	$\setminus -$			
B. If amending the registered agent and/o	registered office	address on our rec	ords, enter the name of	the new
registered agent and/or the new registered offi	ce address here:			
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street a	ddross	
j		27807 2 307 888 507 003 18		
		lity	, Florida Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 Address Type of Action Name 1571 CLIFFORD HILL PD Add JULIE DAUIS ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Chango □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing one te: If the date inserted in this block does not meet the applicable statutory ficument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 (illing requirements, this date will not be listed as t
record specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	
ted 8/2/2016,	
sted 8/2/2016,	
Signature of a member of authorized representati	tive of a member
FRANCES SESTER	•

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Filing Fee: \$25.00