

LOS000079649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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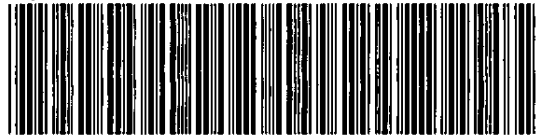
Special Instructions to Filing Officer:

A. LUNT

SEP 15 2009

EXAMINER

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09/14/09--01057--003 **35.00

FILED
2009 SEP 14 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

HAIR Trends 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:

Karen M. Seaboyer

~~Katherine M. Seaboyer~~ / ~~Joseph Matthew Rappaport~~

Name of Person

HAIR Trends LLC

Firm/Company

1006 SE PSL Blvd

Address

P.S.L. FL 34953

City/State and Zip Code

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Karen Seaboyer

Name of Person

at

(772) 337-1526 / 772-528-9557

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**

Hair Trends LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/10/2005 and assigned
Florida document number L050006796.49

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2434 SE Drayton Rd
P.S.L., FL 34952

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:

Karen M Seaboyer

New Registered Office Address:

1006 SE P.S.L. Blvd.

Enter Florida street address

P.S.L.

Florida

34953

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 608, 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.

Karen M Seaboyer
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Joseph Matthew Rappoport	2082 SE 12th St. Port St Lucie, FL 34957	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Katherine Mary ^{Malay} Hall	452 SE Airview Ave Port St Lucie, FL 34984	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Karen M. Seaboyer	2434 SE Drayton Rd PSC FL 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

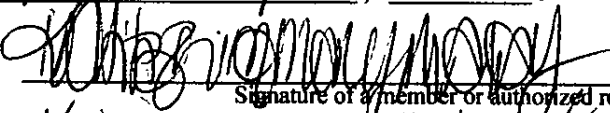
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2009 SEP 14 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated

9-10-09


Signature of a member or authorized representative of a member
Katherine Mary Malay / Joseph Matthew Rappoport
Typed or printed name of signee