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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status
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COVER LETTER

Division of Corporations
SUBJECT: Elements Hair and Mails LIC (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:
(Name of Person)
Elements Hair and Vails LLC (Firm/Company)
(Firm/Company)
5050 Oak Tours Dr (Address)
(Address)
Orlando, FL 32839 (City/State and Zip Code)
(Chy/State and Zip Code)
For further information concerning this matter, please call:
Truing Le at (321) 206-9570 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\int\\$30.00 Filing Fee & \$\int\\$55.00 Filing Fee & \$\int\\$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) 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

(Present Name)
(A Florida Limited Liability Company)

Elements

FIRST:	The Articles of Organization were filed on document number			
SECOND:	This amendment is submitted to amend the following:			
1)	Please CHANBE name from Elements Hair and Na	:15 L	IIC	
·	Please CHANGE name from Elements their and Na to Elements Design Studio LCC	_		. •
2)	We would like to submit our Employee Folentific (EIN) 22- 3938249	- atro	n Num	ber
(EIN 22- 3738249	_		
	SEC TALL	90		
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	ORID		-	
Dated	rigust 7th, 2006.	_		
	Signature of a member of authorized representative of a member			
	Tryong Le			
	Typed or printed name of signee			

Filing Fee: \$25.00