L07000125877

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COVER LETTER

TO: Registration Section
Division of Corporations

SUGARBIRD FASHION, 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:

Imre Szafrics

Name of Person

Imworld Services, Inc.

Firm/Company

425 Wittenridge Ct

Address

Alpharetta GA 30022

City/State and Zip Code

imre@imworldservices.com

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

For further information concerning this matter, please call:

Imre Szafrics

770 **752-8780**

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

FILED 2013 FEB 26 PM 12: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUGARBIRD FASHION, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L07000125877.	vere filed on 12/20/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
CRI-STYLE HAIR EXTENSION, LLC		
The new name must be distinguishable and end with the words "Limited"L.L.C."	d Liability Company," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		
New Registered Office Address:	F Fl	
	Enter Florida street addr	ess

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

1

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
				
			Add	
			Remove	
<u> </u>			Add	
			Remove	
				
		-	Remove	
			Add	
			Remove	

). If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
	
FEBRUARY 12	2013
	, <u></u> ,
_ Baudue!	re of a member or authorized representative of a member
Signatur	e of a member or authorized representative of a member
VERONIKA G BAZ	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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