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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLANCO ACCOUNTING I, INC.

Account Number : I20100000060 Phone : (305)828-1148

Fax Number : (305)828-1709

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Ad	ddress:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXXENTRIK, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2019 SEP 11 PH 1: 13

## ARTICLES OF AMENDMENT TO \*\* ARTICLES OF ORGANIZATION OF

EXXENTRIK, L.L.C.		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our rec nited Liability Company)	ord1.)
The Articles of Organization for this Limited Liability Com Florida document number L08000022152	pany were filed on <u>08/26/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
JUDITH BEAUTY STUDIO LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	31 Vic
		<u> </u>
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		
		0
		.p. +-
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enier Florida street ad	duase
	CHIEF F IOFING STREET GOO	A! EUJ
	,	Florida
	Çiry	Lip 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

No. 4035 P. 3

## Sep. 11. 2019 9:24AM

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>.</u>			
			☐ Remove
			☐ Change
	<u>_</u>		
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			□ Add
			Remove
			□ Change

Sep. 11. 2019 9: 25AM D. If amending any other information, enter change(s) here: (Attach additional sheets, ij	No. 4035 (necessary.)	P. 4
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O8/26/2019  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	optional) after filing.) Pursuant to , this date will not be	605.0207 (3) listed as the
the record specifies a delayed effective date, but not an effective time, at 12:0 ) The 90th day after the record is filed.	01 a.m. on the ea	rlier of:
Dated AUGUST 26 , 2019		
Signature of a member or authorized representative of a member		
JUDITH FERNANDEZ  Typed or printed name of signee		

Page 3 of 3