## L08000/00869

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J. BRYAN

NOV 23 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: True Divine Hair Salow 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:
LoLita Pearson Bennett.
TRUE DIVINE Hair Salon UC
1411 So Main St.R. Suite 251
Belleglacle FJ 33430 City/State and Zip Code TRUEDWINEHS & Quahoo. Com Ti-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LOLITA Pearson Bennettat (Sb) 943-499 6  Name of Person  Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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 Sa mpany as it now appears o	on LLC. hour records.)
(A Florida Limi The Articles of Organization for this Limited Liability Comp Florida document number <u>LOSOOOIOO 56</u>	pany were filed on	27-2008 and assigned
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 "L.L.C."	Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TALL SE
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 1: 46 22 PH 1: 46 ASSEE, FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our here:	records, enter the name of the new
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:		
	Enter	Florida street address
	Cit	, Florida
	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.

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

Address Title **Type of Action** Name Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00