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SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Secti Division of Corpo						
SUBJI	ECT:	CALIFORNIA	HAIR STUDIO LLC				
		Name of Limit	ed Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:							
		DI	ANE L COYKENDALL Name of Person				
		CALIFO	DRNIA HAIR STUDIO LL	↑			
		- O/IEII C	Firm/Company				
		1	The state of the s				
			Address				
VENICE, FL 34293 City/State and Zip Code							
DCOYKENDALL1@COMCAST.NET							
	42.4	E-mail address: (1	to be used for future annual report no	tification)			
For fu		cerning this matter, please c	all:	v			
		COYKENDALL	at (941)	485-8858			
	Name of P	erson	Area Code & Dayt	ime Telephone Number			
Enclo	sed is a check for the	following amount:					
√ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$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

	ORNIA HAIR STUDIO L			
(Name of the Limited L (A F	iability Company as it now appear lorida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liab	bility Company were filed on	02/17/2009	and assigned	
Florida document numberL09000162	251			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)			
·				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	•			
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	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

Title ·	<u>Name</u>	Address	Type of Action
MGR_	Diane L Coykendall	133 Algiers Drive Venice, Florida	☐ Add Remove
<u>MGRM</u>	Diane L Coykendall		✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessar	<i>y.)</i>
			FIL 12 HAY 23 SECRETAR'S TALLAHASS
Dated	May 21 ,	2012	PH 3: 16 OF STATE ACE. FLORIDA
	Signature of a	member or authorized representative of a member Diane L Coykendall Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00