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S. HAWKES

SER 0 9 2009

EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:	Bruni's Ha	ir Experience LLC			
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
		Dolores Rodriguez			
		Name of Person			
	Bruni's Hair Experience LLC				
	Firm/Company				
	25 Homestead Rd N				
		Address			
	L	ehigh Acres FL 33936			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notifica	tion)		
For further information of	concerning this matter, please of	·			
	ores Rodriguez		78-7188		
Name (of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

	Bruni's Hair Experience		
(<u>Name of the Limited</u> (A	Liability Company as it now appears Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li	• •	3/26/2009	and assigned
Florida document numberL09000029	9700		题多不
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	2	:	and assigned
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compar	ry," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applications	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or the new registered of		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Dolores Rodriguez		
New Registered Office Address:	500 Bethany Village Cir		
*	Ente	er Florida street add	iress
	Lehigh Acres	, Florida	33936
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tammy Rodriguez	708 Arianne Ct Lehigh Acres FL 33936	Add Remove
			Add Remove
	·		99 SEB 7 F I
	·		Redove F
			Remove
			Add Remove
			Add Remove
		er change(s) here: (Attach additional sheets, if necessary.)	
	Lehigh Acres FL 33936	z is changed to 560 Bethany Village Cir	
•	Lenigh Acres 1 E 33930		
			-
Dated	9/2/2009 ,	·	_
	Declaration of a	emember or authorized representative of a member	<u></u>
	Signature Ora	Dolores Rodriguez	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00