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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

T. CLINE

AUG - 7 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	Lather Lour	ige Hair Studio LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
		Michael A. Meadows Name of Person	
		Name of Person	
	Michael	A. Meadows, Attorney at Law	
		Firm/Company	
	93	2 South Wickham Road	
		Address	
	We	city/State and Zip Code Chael@mmeadows.com (to be used for future annual report notification)	
		City/State and Zip Code	4.5
	F-mail address:	chael@mmeadows.com (to be used for future annual report notification)	
For first or information		the state of the s	7
roi tutulei illioimatio	n concerning this matter, please	call: PF STATE TO A TO THE STATE TO THE STAT	
Michael Meadows		at ( 321 ) 821-2308	
Nam	e of Person	Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$\ \text{Certified Copy} \text{Certified Copy is enclosed}\$  (additional copy is enclosed)  \$\ \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 ARTICLES OF ORGANIZATION **OF**

Lathe	er Lounge Hair Studio, L	LC			
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.			
The Articles of Organization for this Limited L	iability Company were filed on	04/13/2009	and assigned		
Florida document numberL0900003	5464				
This amendment is submitted to amend the foll	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liability company her	<u>e</u> :			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applic	cable:		<u>-1</u>		
(Principal office address MUST BE A STREE	ET ADDRESS)		SEC 1999		
			ARY SSE		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
			<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	Michael A. Meadows				
New Registered Office Address:	932 South Wickham Road	-			
	Enter Florida street address				
	West Melbourne	, Florida	32904		
	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

**Title** <u>Address</u> Type of Action <u>Name</u> MGR . CRITTENDEN, JARED R 3199 SUNTREE BLVD SUITE 6 ☐ Add ROCKLEDGE FL 32955 Remove PHILIP, GOODWIN R JR MGR 3199 SUNTREE BLVD SUITE 6 ✓ Add Remove **ROCKLEDGE FL 32955**  $\prod Add$ Remove ∏Add Remove Add Remove Remove 59 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 29 2009 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