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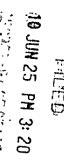
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S. HAWKES
JUN 2 8 2010
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SURIE	or: Suna Day Tanning UC
5,039,4	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Christine Thomas Name of Person
	Surry Day Tanning LLC Firm Company
	11905 Xaviet Ave
	Port Charlotte ft 33981 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
<u>Ch</u>	Name of Person at Area Code & Daytime Telephone Number
•	
Enclose	ed is a check for the following amount:
\$25	.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$

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**

Signestry Tappi	inv as it now appears on our records.)	
(Name of the Limited Liability Compar (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number 090001577	were filed on 4 29 7009 and assign	ned
This amendment is submitted to amend the following:	JH 25 F	
A. If amending name, enter the new name of the limited liab	oility company here:	Ÿ
Headtunters Salon &	Dog CC	<u> </u>
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" of the about	reviation
Enter new principal offices address, if applicable:	11905 Xavier Ave	
(Principal office address MUST BE A STREET ADDRESS)	Port Charlotte, FL	
	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11905 Xavier Ave Port Charlotte fl 33981	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the new
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
the second secon	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	

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 Type of Action **Address Title** <u>Name</u> Remove Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00