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SECRETARY OF STATE
PALLAHASSEE, FINALE.

J. BRYAN

AUG 18 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section : Division of Corporations
SUBJECT: 100r Style Hair & Makeup 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:
Jude Kuznovich Name of Person
Your Style Hair & Makeup LLC Firm/Company
1112 S. Nova. Road Address Address
City/State and Zip Code  Lock Lock Movich Que. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Dayrime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLI	ES OF ORGANIZATION	PEG T
	OF	理ら
Name of the Limited Liabi	Dity Company as it now appears on old Limited Liability Company)	THE THE STATE OF THE PROPERTY
`	, , , , , , , , , , , , , , , , , , , ,	9E 8
The Articles of Organization for this Limited Liability	y Company were filed on	(e 09 and assigned
Florida document number L090 0006379	<u>18</u> .	
		·
This amendment is submitted to amend the following	;	
A If amounting name ontouthe non-name of the l	tantand link liter annual annual	
A. If amending name, enter the new name of the l	mned habiny company nere:	
The new name must be distinguishable and end with the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·····
B. If amending the registered agent and/or reg	gistered office address on our re	cords, enter the name of the new
registered agent and/or the new registered office a	<u>ddress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		. Florida
<del></del>	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** Name **Address Type of Action** Jude Kuzmarch MGRM ☐ Add Remove ☐ Add Remove ∏Add Remove  $\square$ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00