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EXAMINER

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COVER LETTER

ζ.	Division of Cor			
SUBJE	CCT:	Hair Er	ndeavors, LLC	
			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
		ndence concerning this matter	-	
			Michael D. Nardelli	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Hair Endeavors, LLC		2010 H
	Firm/Company			AH.
		1701 Sou	PILED 2010 HAR 31 PM 3: 07 TALLAHASSEE, FLORID	
			Address	
		Pla	TATE ORID	
		E-mail address: (idnardelli@gmail.com to be used for future annual report notificati	on)
For fur	ther information co	oncerning this matter, please of	call:	
		ael D. Nardelli	at (7-0258
	Name of	Person	Area Code & Daytime Te	lephone Number
Enclose	ed is a check for th	e following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & 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 Tallahassee, FL 32314		NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hair Ende	eavors, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appear d Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	7/27/2009	and assigned
Florida document numberL0900071698			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	<u>e</u> :	
The new name must be distinguishable and end with the words "Li" "L.L.C."	imited Liability Compa	ny," the designation	"LLC" or the abbreviation
E.E.C.			罗。 皇
Enter new principal offices address, if applicable:			2010 HAR SECRL
<u>(Principal office address MUST BE A STREET ADDRESS)</u>			MAR 31
			3.55 SS
			Ho - M
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			FILORIDE FILORIDE
Muung auartss mar BLATOST OF TICE BOA			J.F.
B. If amending the registered agent and/or registered	office address on o	ur records, <u>ente</u>	r the name of the new
registered agent and/or the new registered office address h	ere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	ter Florida street d	nddress
		, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael D. Horowitz	1701 S. Alexander St Suite 109 Plant City, FL 33566	Add Remove
			Add Remove
			Add Remove
			Add Remove
			For Charles The Control of the Contr
			PAGE TREMOVE
D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if necessa	9
_			
Dated	March 30 Mohael	0 Marchle Mann	
	Signature of a	Michael D. Nardelli Typed or printed name of signee	,

Page 2 of 2

Filing Fee: \$25.00