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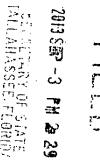
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Florida L.M.S. LLC		
	Name of Limited Liability Company		
The enclosed Articles of An	nendment and fee(s) are submitted for filing.		
Please return all corresponde	ence concerning this matter to the following:		
	Myung Sook Lee		
•	Name of Person	•	
	Easy Hair Beauty and Barber School	29	
•	Firm/Company		
	5040 W. Colonial Dr.	2919 SZP -	- Andrews
•	Address	်ပို့သို့ ယ်	-
	Orlando, FL 32808		
•	City/State and Zip Code	温音の	ŕ
_	easyhair888@gmail.com	Harry Co.	
-	E-mail address: (to be used for future annual report notification)		
For further information cond	terning this matter, please call:		
Myung S	. Lee 407 285-1883		
Name of Pe		r	

Enclosed is a check for the 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 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

Florida L.N			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on August, 24, 2009	and assigned	
Florida document numberL0900081116		2813 SELAT	-
This amendment is submitted to amend the following:		新 100 100 100 100 100 100 100 10	
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "	LLC" or the abbrevi	ation
Enter new principal offices address, if applicable:	5040 W. Colonial Dr.		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32808		_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		the name of the	new
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street add	dress	<u></u>
	. 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 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>	<u>Address</u>	Type of Action
MGRM	Young C Oh	26400 Santa Rosa Dr.	Add
		Moreno Valley, CA 92555	Remove
			
			Add
			Remove
			
			Add
			ω F
		7 C	Add
		7-	Remove
			_
			Add
			Remove
			_
 –			Add
			Remove
	•		

A	ugust, 28	
	MYOLL Signature	of a member of authorized representative of member
	, 2	Myung Sook Lee
		Typed or printed name of signee

Filing Fee: \$25.00