Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KATZ BASKIES LLC

Account Number : I20080000071

: (561)910-5700

Fax Number

: (561)910-5701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Fmail | Address: | | | |
|-------|----------|--|--|--|
| | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELYSIAN SHAMPOO, LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$30.00 |

A. LUNT

MAY -6 2010

EXAMINER

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COVER LETTER

| TO: Registration Division of | n Section Corporations | • | | | |
|---------------------------------|--|---|---------------------------|-----------------|------|
| SUBJECT: | | Shampoo, LLC | | _ | |
| | Name of Li | nited Liability Company | | | |
| The enclosed Articles | of Amendment and fee(s) are s | ubmitted for filing. | | | |
| Please return all corre | spondence concerning this matt | er to the following: | • | 20 | |
| | | Thomas O. Katz | | 2000年 | TI |
| | | Name of Person | | - EU - | - |
| | | Katz Baskies LLC | | HAY -5 M 10: 53 | ILEL |
| | | Firm/Company | | | |
| | | | | | |
| | 2255 | Glades Road, Suite | 240W | REFE | |
| • | | Address | • | 32 | |
| • | E | Boca Raton, FL 3343 | 1 | | |
| | | City/State and Zip Code | | _ | |
| | khro | wn@elysianpartners. | ram. | | |
| | B-mail address: | to be used for future annual re | port notification) | | |
| For further information | a concerning this matter, please | call: | , | | |
| Ti | nomas O. Katz | at (561) | 910-5700 | | |
| | o of Person | Area Code & | è Daytime Telephone Numbe | π' . | |
| 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 e | nclosed) Certified | ite of Status & | |
| MAX | Ling address: | STREET/0 | COURIER ADDRESS: | | |

MAJLING 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

H100001095493

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Elysian Sha | ampoo, LLC | | | |
|--|---|-----------------------------------|--|--|
| (Name of the Limited Liability Comp. (A Florida Limited | eny as it now appears on our reco Liability Company) | rds.) | | |
| The Articles of Organization for this Limited Liability Company Florida document numberL10000031864 | y were filed on March 23, | 2010 and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lish | sility company here: | 76 29 | | |
| Lysium La | | | | |
| The new name must be distinguishable and end with the words "Lim | · | nation "Ta Ca'or the abbreviation | | |
| "LLC." | near property, and desire. | SER G | | |
| Enter new principal offices address, if applicable: | 9645 S.E. 3rd Court | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 204 | | | |
| | Deerfield Beach, FL 334 | 141 E | | |
| Enter new mailing address, if applicable: | 1645 S.E. 3rd Court | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 204 | | | |
| | Deerfield Beach, FL 33441 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | Enter Florida stre | eet address | | |
| | , Flori | ida Zip Code | | |
| | ~~~y | Zip Gaic | | |

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

Page 1 of 2

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 <u>Adáress</u> Type of Action ∏ Add Remove ___ Add ☐ Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 4 2010 Dated. Signature of a member or authorized representative of a member

> Typed or printed name of signee Page 2 of 2

Kevin Brown

Filing Fee: \$25.00