## 1000006983

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
OCT = 4 2012 L. SELLERS				

Office Use Only



300240224253

10/03/12--01011--017 \*\*25.00

TILED
12 OCT -3 PH 3: 26
SECRETARY OF STATE

## COVER LETTER

TO: Registration So Division of Con	
SUBJECT:	Name of Elmited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Whitney Lee Hiller-Cain
	Tangles Hair & Spa Studio
	3808 OldThornhill Rd
	Winter Haven F 33880  City/State and Zip Code
	Info a Hanglesstudio . Com E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Whith	at 803, 412 - 2160 Area Code & Daytime Telephone Number
Enclosed is a check for to \$25.00 Filing Fee	he following amount:  \$\int_{30.00}^{\\$}\] \square \text{S55.00} \text{ Filing Fee & South Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}  \$\int_{30.00}^{\\$}\] \square \text{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

Tangles Studio (Name of the Limited Liability Compan	y as it now appears on our records.)			
(A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 4/2/1200 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Tangles Hair & Spa Studi	o, uc			
"L.L.C."	ed Liability Company, the designation   EEC   of the aboveviation			
Enter new principal offices address, if applicable:	1301Bates Ave SW			
(Principal office address MUST BE A STREET ADDRESS)	Suite III			
	Winter Haven, FL 33880			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3808 Old Thornhill 12d Winter Haven FL 33880			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
	SEI ALI			
Name of New Registered Agent:				
N. P. '. Jom All				
New Registered Office Address:	Enter Florida street address			
	The street dates no To			
	Florida Grand			
	City Zip Code 20			
New Registered Agent's Signature, if changing Registered Agent:	<b>*</b> • • • • • • • • • • • • • • • • • • •			

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

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
inc	Name	Audress	
			Remove
			- <sub>-</sub>
			Remove
			□ Remove
			_ n
<del></del>			Remove
			Remove
<del></del>	-		C Remove
. If amen	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
_			
_			<del></del>
			<del>_</del>
_			<del></del>
_	Sept 30 ,201	した。	
ated	^		
ated	Intropor.		
ateds	Signature of a member	r or authorized representative of a member	<del>(4. 7 - 14. 4 - 4</del>

Page 2 of 2

Filing Fee: \$25.00