09/08/2010 WED 1-1-53 FAX 727 livision of Cornorations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H100001994653)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name -: DAVID C. HASTINGS, CPA, PA

Account Number : 120000000168 ; (727)322-0909 Fax Number : (727)322-0520

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRENDA'S BEAUTY SALON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

HO000019946T3

H10000 1994673

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BRENDA'S BEAL	JTY SALON,	LLC	
(<u>Ni</u>	me of the Limited Liability Compa (A Florida Limited	ny as it now appea Liability Company)	rs on our records.)	. <u> </u>
The Articles of Organization	for this Limited Liability Company	were filed on	09/07/2010	and assigned
Florida document number	L10000093657			
This amendment is submitted	to amend the following:	,		
A. If amending name, enter	the new name of the limited liab	oility company her	<u>·e</u> :	
The new name must be distingu	ishable and end with the words "Lim	ited Liability Compa	nny." the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address ML	<u>STBE A STREET ADDRESS)</u>			
	,	***************************************	····	
Enter new mailing address,	if applicable:			
(Mulling address MAY BE A				
B. If amending the regist registered agent and/or the	ered agent and/or registered of new registered office address her	ffice address on o	our records, <u>enter t</u>	he name of the new
Name of New Regis	tered Agent:		<u>,</u>	- Warten
New Registered Off	ice Address:			
		Enter Florida street address		
			, 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 filled 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

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. . .

MGR = Manager

H10000 00019946T7

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:

MGRM = 1	Managing Mcmber		
<u>Title</u>	Name	Address	Type of Action
MGR	BRENDA WILSON	1208 63RD ST S GULFPORT, FL 33707	Add Remove
<u></u>	·		Add Remove
	·		∧dd Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if h	ecessary.)
_			
	SEPT 08	2010 . ,	
Dated	9	RIC TO Authorized representative of a member	
		ERIC HOLDEN	
		Typed or printed name of signee	

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Filing Fee: \$25.00

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