110000097512

(Re	equestor's Name)			
(Ad	dress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700239523477

09/14/12--01007--010 **30.00

TALLAHASSEE. HLORIDA

2012 SEP 115 AM 6: 5

J. SAULSBERRY EXAMINER

SEP 17 2012

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CT: Clean Cut of Key West Name of Limited Liability Company		
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	eturn all correspondence concerning this matter to the following:		
	Alsha garcia Name of Person Clean CUt of Key West Firm/Company 3617 Northside Or Address Key West FL 33040 City/State and Zip Code KWaishaot @ aol.com E-mail address: (to be used for future annual report notification)	SECRETARY	7677 CFD
For fur	her information concerning this matter, please call:	OF STA	
	Name of Person at (305) 797-5394 SArea Code & Daytime Telephone Number		n
Enclos	d is a check for the following amount:		
□ \$25	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy Certificate of Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (addi	of Status opy	

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

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address:

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, 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 **Address** Type of Action ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary 12 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00