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SECRETARY OF STAIL

D. SCOTT APR 2 7 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: World Class Har	RENAILSAION LLC ted Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Renae	Rollins
1100	Name of Person
word Cla	
	Firm/Company
516 W. D.	range Ane
	Address
Tallas	hassee 4. 323/0
	City/State and Zip Code
Tats Ta	o be used for lature annual report notification)
For further information concerning this matter, please ca	n:
Balling.	at (850) 980-5936
Name of Person	at (800) 1005 436  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
+ putra	(additional copy is enclosed)  Certified Copy (additional copy is enclosed)
cus <sub>.</sub>	
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on

World Class Academy of Hair 9 Nai 15 a lon LLC

(Name of the Limited Liability Company as it dow appears on our records.)

(A Florida Limited Liability Company)

Florida document number		•
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabi	lity company here:	
World Class Academy of The new name must be distinguishable and contain the words "Umited Liabili	Beauty Career	VS LLC
Enter new principal offices address, if applicable:	ty company, the designation like of the above.	radion E.E.C.
(Principal office address MUST BE A STREET ADDRESS)		
	— A / //	
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 here		e name of the new
The state of the s	•	
Name of New Registered Agent:		
New Registered Office Address:	$\wedge$ / / $\wedge$	ES ?
	Erter Floridasin et address	る。
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		LES E
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fam provided for in Chapter 605, F.S. Or, if i	niliar with and this document is
	11//2 -	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00