## L11000026186

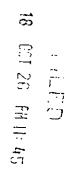
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## **COVER LETTER**

TO: Registration S Division of Co		
SUBJECT:	Size Coiffure LLC Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Breshunda Marris	
	Bre Coiffure LLC Firm/Company	
	2521 Lincoln Street Apt 2160	
	Hollywood 7L 33000 City/State and Zip Code	
	Hair boole amail. Com E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Breshu	of Person at (954) 243-9910  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	

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

Pore Coiffu (Name of the Limited Liability Compar	re LLC  ny as it now appears on our records.)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on March 1, 2011 and assigned
Florida document number <u>L1/000026186</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
HATR BOOLE LLO	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2 cakwood blvd 190 suite#2(
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FL 33020
Enter new mailing address, if applicable:	2521 Lincoln Street Apt 216
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, 71 33020
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Top view
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p	

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = 7	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
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			□ Change

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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90.  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at e 90th day after the record is filed.	12:01 a.m. on the earlier
October 24, 2018.	

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Filing Fee: \$25.00