## L11000053099

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DIVISION OF CORFORATIONS

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## **COVER-LETTER**

Triple SUBJECT:	T Salon, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Tanya Mack
	Name of Person
	Triple T Salon, LLC
	Firm/Company
	PO Box 721
	Address
	Windermere, FL 34786
	City/State and Zip Code
	tanyamack()3@gmail.com  E-mail address: (to be used for future annual report notification)
For further informati	ion concerning this matter, please call:
Tanya Mack	407 466-5679 at ()
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check:	for the following amount:
<b>■</b> \$25.00 Filing Fe	Certificate of Status Certified Copy Certificate of Status &
Changi	10 Cathern additional copy is enclosed)  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**

Triple T Salon, LLC			
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L11000053099.	were filed on 05/05/2011	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."	_
Enter new principal offices address, if applicable:	7600 Dr. Phillips Blvd	18	5 <u>0</u>
Principal office address MUST BE A STREET ADDRESS)	Bldg 76 Suite 104	الل	<u> </u>
	Orlando, Fl. 32819	Ĩ.	⊋ <u>~</u>
Enter new mailing address, if applicable:	PO Box 721	3	Society John Si
Mailing address MAY BE A POST OFFICE BOX)	Windermere, FL 34786	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the	 :_new
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:			

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 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 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:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
	<del></del>		Add
			☐ Remove
		<del></del>	Change
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Effective date, if other than	the date of filing:		(	optional)	
fan effective date is listed, the dat Note: If the date inserted in the	must be specific and canno	t be prior to date of fili	ng or more than 90 days	after filing.) Pursuant	to 605.020
document's effective date on t	ne Department of State's	records.	ry ming requirement	s, this date win not t	isted a:
e record specifies a del The 90th day after the		but not an effec	tive time, at 12:	01 a.m. on the o	earlier o
Dated May 29	201	8			
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Typed or printed name of signee

Filing Fee: \$25.00