L11000 145058

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
	ŀ
	ŀ
•	

Office Use Only



100278100181

10/15/15--01015--003 **25.00

ZOUR OCT 15 AN IO: 35

OCT TO MISS

COVER LETTER

Div	ision of Corp	porations [,]			
SUBJECT:	Hair's Natur	al Solutions LLC			
SUBJECT.		Name of Limi	ted Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	to the following:		
		Mirtha Almanzar			
			Name of Person		
		Valezar & Associates			
Firm/Company					
		9290 Hammocks Blvd			
			Address	·······	
		Miami, Fl; 33196			
	•	WARRY VIEW	City/State and Zip Code		
		Mirtha@valezar.com			
		E-mail address: (t	o be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please ca	11:		
Mirtha Alma	nzar		305 252-5505 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section '

TO:

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

HAIR'S NATURAL SOLUTIONS LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000145058</u>	were filed on 12-19-2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
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:	
(Principal office address MUST BE A STREET ADDRESS)	20 E
	28 05 T
	SS Of Prince
Enter new mailing address, if applicable:	Lington State of the state of t
(Mailing address MAY BE A POST OFFICE BOX)	175,021
	<u> </u>
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:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	ALEX BOUCHEREAU	9290 HAMMOCKS BLVD #403	≡ Add
		MIAMI, FL 33196	□ Remove
			□ Change
VP	EDWARD BERROUET	9290 HAMMOCKS BLVD #403	
		MIAMI, FL 33196	□ Remove
			☐ Change
AMBR	DANIEL GODEFROY	9290 HAMMOCKS BLVD #403	⊟ Add
		MIAMI, FL 33196	Remove
		-	☐ Change
MGMR	Sarah Bouchereau	10612 SW 128th Pl	□ Add
		Miami, Fl 33186	Remove
			Change
MGMR Paula Bouchereau	Paula Bouchereau	9290 Hammocks Blvd 403	Add
		Miami, FL 33196	Remove
			Change
			Adda A Compression
			Addis On Remove 15 Change

<i>;</i>			
· ,			
		_	
			•
			
	· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the da	ate of filing:		(optional)
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to k does not meet the applicab	date of filing or more than 90 da	ays after filing.) Pursuant to 605.020
ne record specifies a delayed e The 90th day after the record		an effective time, at 12	
SEPTEMBER 30	/2 2015		2015 OCT
Dated	1/2 /	. •	
	Tantural !		
Si	grature of a member or authoriz	zed representative of a member	
PRESIDENT	1		\$3 5 7

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00