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| (Re | equestor's Name) | |
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| (| | |
| (Ad | ldress) | |
| | | |
| . (Cit | ty/State/Zip/Phone | ; #) |
| _ | _ | _ |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nam | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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12 MAR 16 PM 3: 05
SECRETARY OF STATE
ALLAMASSEE FLORIDA

C. LEWIS

MAR - 9 2012

EXAMINER

COVER LETTER

| Jay 56 1 | | COVER LETTER | |
|--|--|---|--|
| TÓ: Registration Se Division of Cor | | , N | * |
| magnitus at | - 1.4.1 | | |
| SUBJECT: | | 's Salon "LLC" | |
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | Christy Robinson | |
| | | Name of Person | |
| | | Christy's Salon | |
| | | Firm/Company | |
| | | 1 7 | |
| | 27 | 22 Old US Hiway 441 | |
| | | Address | |
| | | Annak Dana El 00757 | |
| | <u></u> | Mount Dora FI. 32757 City/State and Zip Code | |
| | | | · |
| | E-mail address: (t | binson54@gmail.com to be used for future annual report notifice | ution) |
| For further information co | oncerning this matter, please c | all: | |
| | sty Robinson | a. (| 83-1960 |
| Name of | Person | Area Code & Daytime 1 | lelephone Number |
| Enclosed is a check for th | e following amount: | · | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Status & 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

FILED

12 MAR 16 PM 3: 05

| Chi | risty's Salon "LLC" | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|--|---|--|
| (Name of the Limited Liah | ility Company as it now app da Limited Liability Company | ears on our records.) |
| The Articles of Organization for this Limited Liabilit Florida document number | y Company were filed on _ | |
| This amendment is submitted to amend the following | 3: | |
| A. If amending name, enter the new name of the | limited liability company h | ere: |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Con | pany," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| , | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | our records, enter the name of the new |
| Name of New Registered Agent: | *************************************** | |
| New Registered Office Address: | | San Elmidada da da |
| | 1 | Enter Florida street address |
| - | Citv | , Florida 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 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 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:

| Title | Name | Address | Type of Action |
|-------------|---|---|--|
| Mgr | MINICHIAO ANTONIAL | MOUNT DOWN, Fl 32957 | AcJ UT Acmove |
| MGA. | Christy Robinson | 119 Ixota Ale MOUNT DOTA, FI 32757 W | Add Remove |
| 955T MGR | EmeliA Heinen | 119 IX ora AVR MOUNT DOFO FLIBOTST | AAA Acmeye |
| · . | -1- <u></u> | | Add Remove |
| | | | Ada Remove |
| | | | :\dd Remove |
| D. If amend | ing any other information, enter change | (s) bece: (Anach additional sheets, if necessary, i | |
| | , | | 12 MAR 16 PM SEGRETARY OF TALLAHASSEE. |
| Dated | arch 19th 201 | /2 | PM 3: OF STA E, Floor |

Page 2 of 2 Filing Fee: \$25.00