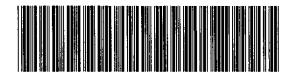
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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COVER LETTER

| TO: Registration Section Division of Corporations |
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| SUBJECT: TEQSE Hair Studio 3 BOUTIQUE LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Britany Williams |
| Toose Hair Studio 3 Boutique LLC |
| 1012 E, Alfred St. Address |
| City/State and Zip Code britzbecutylar @ amail. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Britary Williams at (467) 279 - 875 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (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

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|--|--|
| ARTICLES OF O | RGANIZATION 13 no 12 ED |
| 0 | F = \(\frac{1}{23} \rho_{\text{tr}}\) |
| Tease thin Studios | PRINTIQUE LLC FILED PH 2: |
| (Name of the Limited Liability Compa | ny as it now appears on our records.) |
| (A Florida Limited I | Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on 04/04/2012 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liable and end with the words "Line"L.L.C." | bord butique ILC |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 4485 N. Prehilb Rd Orlando FL132808 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2080 Pine Ave Mount Dora Pl 32757 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Ditter A torium sireet maares |
| | Florida |

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.

City

Zip Code

| MGR = Ma MGRM = N | nager Ianaging Member | | |
|----------------------|--------------------------|---------------------|------------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | BritanyWilliams | 4485 N. Anenills Rd | \(\overline{\lambda} \) Add |
| | | Orlando FL 32808 | Remove |
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| D. If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Dated 12 | 10113 |
| | Bullian- |
| | Signature of a member or authorized representative of a member |
| | Brithny williams |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00