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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nan | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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G. MCLEOD

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EXAMINER



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COVER LETTER

| TO: | Registration S Division of Co | | · | | | |
|--|---|---|---|---|--|--|
| SURJE | SUBJECT: SILVER BOX PARTNERS LLC Name of Limited Liability Company | | | | | |
| 0000 | | | | | | |
| The end | closed Articles of | f Amendment and fee(s) are sul | omitted for filing. | | | |
| Please | return all corresp | ondence concerning this matter | r to the following: | | | |
| | | JI | JEFFREY M. OSTROW | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | | |
| | | 200 SW 1ST AVENUE, SUITE 1200 | | | | |
| | Address | | | | | |
| | | FORT LAUDERDALE, FL 33301 City/State and Zip Code | | | | |
| | | os | strow@kolawvers.com | | | |
| For fur | ther information | E-mail address: (concerning this matter, please of | to be used for future annual report n | otification) | | |
| | Jeff | rey M. Ostrow | at (_954_) | 525-4100 | | |
| | | of Person | Area Code & Day | time Telephone Number | | |
| Enclose | ed is a check for | the following amount: | | | | |
| \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclo | \$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed) | | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | STREET/COU Registration Se Division of Con Clifton Building 2661 Executive Tallahassee, FL | porations B Center Circle | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SILVER BOX P | | | |
|---|---|---------------------------|-------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appea Liability Company) | ars on our records. | |
| The Articles of Organization for this Limited Liability Company | y were filed on | April 17, 2012 | and assigned |
| Florida document number L12000051747 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company he | e <u>re</u> : | |
| Hair Replication | n Centers LLC | | |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | nited Liability Comp | pany," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | <u> </u> | | ¥ ~ = |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | 7 |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he | | our records, enter t | he name of the nev |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | E | nter Florida street add | ress |
| | | , 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 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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 23 2012 Dated _____ Signature of a member or authorized representative of a member Jeffrey M. Ostrow Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00