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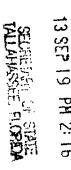
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DEPARTMENT OF STATE





SEP 1 9 2013

T. HAMPTON

## **COVER LETTER**

Division of Corporations
SUBJECT: ESSENCE & Dudia Wair Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ricoroberto Stove
Estercest Ordia Hair Company LUC
1210 Capital circle SE Soite H.
City/State and Zip Code  CSC CODY Cha Co and Communication (Communication)
For further information concerning this matter, please call:
Richard Stove at (850 765-5847)  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ (additional copy is enclosed) \text{Certified Copy} \\ (additional copy is enclosed) \text{Certified Copy} \\ (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

ed Liability Company as it now appears on our records.
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreva "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = Manag MGRM = Mar	ger naging Member		<del>-</del>
Title  M C (M	Name Suc Peda	Address 3688 DONOWARDC. Tallahassel F13830	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove 13 SE
			Add PH 2000 Remove
<del></del>		,	Add Remove

D. If a	mending :	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	9	19,2013
	•	5
		Signature of a member or authorized representative of a member
		Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00

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