## L12000113345

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SECRETARY OF STATE.

B. BOSTICK
SEP 1 0 2012
EXAMINER

## **COVER LETTER**

	tration Section on of Corporations		
SUBJECT: _		HAIF PALACE, U ted Liability Company	LC
The enclosed	Articles of Amendment and fee(s) are sub	emitted for filing.	
Please return a	Il correspondence concerning this matter	to the following:	
		Name of Person  HY'S HAIR PALACE Firm/Company	<u> </u>
		Address  Address  ATROCHS, FLORIDA 33  City/State and Zip Code  The monny of Yaha to be used for future annual report notificat	LAHE LAHE
	E-mail address: (t	o be used for future annual report notificat	
For further inf	ormation concerning this matter, please c	all:	O A
M	Name of Person	at ( <u>954</u> ) <u>663 – 57</u> Area Code & Daytime T	
Enclosed is a	heck for the following amount:		
<b>☑</b> \$25.00 Fili	ng 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:	STREET/COURIER	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H EYHH3C	AIR PALACE, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our reconited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 09 104 /	2012 and assigned	
Florida document number 112000113345	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and end with the words			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	- H/A	12 12	
(Principal office address MUST BE A STREET ADDRE	(SS)	SE SE	
		SAR SAR	
Enter new mailing address, if applicable:	MA		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		enter the name of the new	
Name of New Registered Agent:	NA		
New Registered Office Address:	NAMES AND ADDRESS OF THE PARTY		
	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 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 **Title** Type of Action <u>Name</u> **Address** 6039 SW 38 ST MIRAMAR FL 33023 ALAEDU, MAHTIAR, J PRES GAAFAR, AZZA 6039 SW 38 ST MIRAMAR FL 33123 V۶ ☐ Add Remove ALAEDU, MAHTTAB, J MGR GAAFAR AZZA 6039 SW 38 ST MIRAMAT, FC 33023 Marm Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Amending from the title of President and Vice president, to the title of Manager and Dated 09/05/2012 Signature of a member or authorized representative of a member MAH TAB. J. ALAEDU Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00