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EXAMINER



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10/08/12--01020--014 **25.00

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LICKETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration Sect Division of Corpo			
SUBJI	ECT:	POSHLOXX P	PREMIUM HAIR, LL	C
			ted Liability Company	
The en	closed Articles of Ar	mendment and fec(s) are sub	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		F	BRIGITTE GORDON	
			Name of Person	
		POSHL	OXX PREMIUM HAIR,	LLC
Firm/Company 537 CRUZ BAY CIRCLE			Firm/Company	
			Address	
WINTER SPRINGS, FLORIDA 32708		32708		
			City/State and Zip Code	
		POS E-mail address: (1	HLOXX@YAHOO.CON to be used for future annual report	M notification)
For fu	rther information con	cerning this matter, please c	all:	
		TE GORDON	at (_321_)	356-8053
	Name of P	erson	Area Code & D	aytime Telephone Number
Enclos	sed is a check for the	following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	Registration S Division of C Clifton Build	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POSHLOXX	PREMIUM HAIR, L	LC			
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability C	Company were filed on	9/28/12	and :	assigno	ed
Florida document numberL12000124348					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here	:			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compar	ny," the designation	'LLC" or th	e abbr	eviation
Enter new principal offices address, if applicable:			<u></u>	12	
(Principal office address MUST BE A STREET ADDR	RESS)			9	
			IAS IAS	;	TARTAIN A
			SEE SY 1		2-7-1
Enter new mailing address, if applicable:			二三二	至	
(Mailing address MAY BE A POST OFFICE BOX)			SE	~	
			Orn >>	<u></u> ယ	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>enter</u>	the name	e of th	<u>ie new</u>
Name of New Registered Agent:		····			
New Registered Office Address:				_	
	Ente	er Florida street aa	dress		
		, Florida			
	City		Zip Ce	ode	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	PAMELA D. ELLIOTT	537 CRUZ BAY CIRCLE WINTER SPRINGS, ELORIDA 32708	_
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			∏Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_
_			
			
Dated	OCTOBER 1 Signature of a me	mber or authorized representative of a member	
	Famela). El	vpcd or printed name of signee	

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Filing Fee: \$25.00