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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	istration sec			
CHD IECT.	TH10 Hairc	reation & Beautycare LLC		
SUBJECT		Name of Limi	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Tanja Heinze		
			Name of Person	
			Firm/Company	
		11220 Tamiami Tr. N		
			Address	
		Naples, FL 34110	Address City/State and Zip Code are.com and address: (to be used for future annual report notification) Ext., please call: 239 Area Code Daytime Telephone Number The State of Limited Liability Company Annual Report notification Daytime Telephone Number The State of Limited Liability Company Annual Report notification Daytime Telephone Number The State of Limited Liability Company Annual Report Number The State of Limited Liability Company Annual Report Number The State of Limited Liability Company Address Daytime Telephone Number The State of Limited Liability Company Annual Report Number The State of Limited Liability Company Annual Report Number The State of Limited Liability Company Address Address Address Address Daytime Telephone Number The State of Limited Liability Company Annual Report Number The State of Limited Liability Company Annual Report Number The State of Limited Liability Company Address Addr	
			City/State and Zip Code	
The enclosed Articles of Amendment and fee(s) are submitted for fil Please return all correspondence concerning this matter to the follow Tanja Heinze Name of Person Tanja Heinze Name of Person Tanja Heinze City/State at th@hair-beautycare.com E-mail address: (to be used for for further information concerning this matter, please call: Tanja Heinze Name of Person And Second Filing Fee & Second Status Certificate of Status Certificate of Status Certificate Certificate Please return all correspondence concerning this matter to the following are submitted for file				
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Tanja Heinz			— -	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

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 OF

THIO Haircreation and Beautycare LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1/15/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TH10 Service & Business Provider LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11220 Tamiami Tr. North	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34110	
Enter new mailing address, if applicable:	11220 Tamiami Tr. North	
Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34110	
		至 3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		7
Name of New Registered Agent:		Constant of the constant of th
New Registered Office Address:		5 6 6
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	•
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of the list of the date in the list of the date of the list of the date in the list of the lis	filing or more than	90 days after filing.)	Pursuant	t to 605
te: If the date inserted in this block does not meet the applicable status cument's effective date on the Department of State's records.	nory ming require	ements, this date v	ili not	De liste
record specifies a delayed effective date, but not an effe	ective time, a	t 12:01 a.m. o	n the	earlie
he 90th day after the record is filed.				
ted Jan. 11th 2017	1			
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Filing Fee: \$25.00