## L13000013959

| (F                      | Requestor's Name)       |
|-------------------------|-------------------------|
| (A                      | ddress)                 |
| <u> </u>                | ddress)                 |
| (C                      | City/State/Zip/Phone #) |
| PICK-UP                 | WAIT MAIL               |
| (E                      | Business Entity Name)   |
| <u>(C</u>               | Occument Number)        |
| Certified Copies        | Certificates of Status  |
| Special Instructions to | o Filing Officer:       |
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ALLAHASSEE TLORIL

## **COVER LETTER**

| TO:   |   |                                |                        | f   |
|---|---|--------------------------------|------------------------|---|
| SHRIF   |   |                                |                        | ÿ   |
| 50000   | C1,   | Name of Lim                    | ited Liability Company |   |
| The enc   | losed Articles of A   | Amendment and fee(s) are sub   | mitted for filing.     |   |
| Please r  | eturn all correspon   | idence concerning this matter  | to the following:      |   |
|   |   | AMANDA HAYES                   |                        |   |
| Division of Corporations  INDUSTRY 386 SALON LLC  SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following: |   |                                |                        |   |
|   |   |                                | Firm/Company           |   |
|   |   | 28 KINGSBRIDGE CROS            | SSING DR               |   |
|   |   |                                | Address                |   |
|   |   | ORMOND BEACH, FL 3             | 2174                   | bility Company  for filing.  Firm/Company  DR  Address  State and Zip Code  ed for future annual report notification)  at (386 214-3350 at (Area Code) Daytime Telephone Number  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) |
|   | Bivision of Corporations  INDUSTRY 386 SALON LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and feets between the following and feet and feet and feet are submitted for filing.  The enclosed Articles of Amendment and feet |                                |                        |   |
|   |   | -                              |                        | ification)  |
| For furt  | her information co  | ncerning this matter, please c | all:                   |   |
| AMAN  | DA HAYES  |                                |                        |   |
|   | Name of   | Person                         | Area Code Daytin       | ne Telephone Number   |
| Enclose   | d is a check for the  | e following amount:            |                        |   |
| ■ \$25  | .00 Filing Fee  |                                | Certified Copy         | Certificate of Status & Certified Copy  |
|   | Mailing Address   | :                              | Street Address:        |   |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDUSTRY 386 SALON LLC

| INDUSTRY 380 SALON CLC   |  |  |
|--|--|--|
| (Name of the Limited Liability Company<br>(A Florida Limited Liab  | as it now appears on our records.)     | 202  |
| (x r r r r r r r r r r r r r r r r r r r   | sing company,                          | (C)  |
| The Articles of Organization for this Limited Liability Company we   | ere filed on <u>01/28/2013</u>         | No. 200 April 20 |
| Florida document number L13000013959   |  | 27<br>Arci   |
| This amendment is submitted to amend the following:  |  | AH 7   |
| A. If amending name, enter the new name of the limited liabilit  | y company here:                        | <u> 원</u> <u></u>  |
| SALON 728 WEST LLC   |  |  |
| The new name must be distinguishable and contain the words "Limited Liability  | Company," the designation "LLC" or the | ne abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  | NIA                                    |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |  |
| · ·  |  |  |
| Parker and the address of anything block   | NIA                                    |  |
| Enter new mailing address, if applicable:  | , , , , , , , , , , , , , , , , , , ,  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
| -  |  |  |
|  | a a disc                               |  |
| B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here: | dress on our records, enter the f      | iame of the new register   |
|  | . ^                                    |  |
| Name of New Registered Agent:  | N/A                                    |  |
| <del></del>  |  |  |
| New Registered Office Address:   | Enter Florida street address           |  |
|  |  |  |
|  | , Florid:                              | Zip Code   |
|  | City                                   | ng com   |
| 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.

NIA

If Changing Registered Agent, Signature of New Registered Agent

1f 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 | Evpe of Action          |
|--------------|----------------------|---------|-------------------------|
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| Effective date, if other than the date of filing:   |  | NIA  | · · · · · · · · · · · · · · · · · · ·             | <del></del>                            |                                 | _                        |
|---|--|--|---|--|---------------------------------|--------------------------|
| ffective date, if other than the date of filing:  |  | 011  |   |  |                                 | _                        |
| ffective date, if other than the date of filing:  |  |  |   |  |                                 | _                        |
| ffective date, if other than the date of filing:  |  |  | · · · · · · · · · · · · · · · · · · ·             |  |                                 | _                        |
| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste occument's effective date on the Department of State's records.  |  |  |   |  |                                 |                          |
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| ffective date, if other than the date of filing:  |  |  |   | <del></del>                            |                                 | _                        |
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| ffective date, if other than the date of filing:  |  |  |   |  | <u> </u>                        | 5<br>•                   |
| ffective date, if other than the date of filing:  |  |  |   |  |                                 | <i>.'</i><br><del></del> |
| ffective date, if other than the date of filing:  |  |  | ·n·   |  |                                 | _                        |
| ffective date, if other than the date of filing:  |  |  |   |  |                                 |                          |
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| l is filed.   | ocument's effective date on the Department of State  | 's records.                                    | , .   |  |                                 |                          |
| t is filed.   |  |  |   |  |                                 |                          |
|   |  | effective time, at 1                           | 2:01 a.m. on the earl                             | ier of: (b) Th                         | e 90th day af                   | iter the                 |
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Filing Fee: \$25.00

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