Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

Phone : (800) 906-9220 Fax Number : (800)906-9880

**Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please. **

SAL@ACS123.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAX WP, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Clty Plorida Zip Code			
New Registered Office Address:	New Registered Office Address: Enter Florida street address			
Name of New Registered Agent:				
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ur records, <u>enter the n</u>	ame of the new	
	·	<u></u>	<u></u> O	
(Mailing address MAY BE A POST OFFICE BOX)				
Enter new mailing address, if applicable:			H-9 12 00 00 00 00 00 00 00 00 00 00 00 00 00	
(Principal office address MUST BE A STREET ADDR.	<u> </u>		1000 N	
Enter new principal offices address, if applicable:			<u> </u>	
The new name must be distinguishable and end with the word "L.L.C."	is "Limited Liability Compar	ny," the designation "LLC"	or the abbreviation	
A. If amending name, enter the new name of the limit	ed lishility company here	;		
This amendment is submitted to amend the following:				
Florida document number L13000076955	_,			
The Articles of Organization for this Limited Liability Co	impany were filed on 5/28	3/2013	nd assigned	
(Name of the Limited Liability (A Piorids L.	imited Liability Company)	OH OH! TECHTOS		
Wax WP, LLC	Samuel III			

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

Page 1 of 3

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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 = Mar MGRM = M	nager lanaging Member		
Title	Name	Address	Fyne of Action
MGRM	KELLIE LONG	1815 CORDOVA ROAD, SUITE 200	Add
		FT. LAUDERDALE, FL 33316	Remova
			_
			Remove
			Add 23
			-2 P
			Remove
			Add
			Remove
			. Add
			. Remove

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D. If amending any other infor	mation, enter change(s) here: (Attach additional s	heets, (fnecessary.)
•		
		<u> </u>

JULY 01	2013	· · · · · · · · · · · · · · · · · · ·
	100	
	Signature of a monther or authorized representative of a	member
DAVID LONG,	MANAGING MEMBER	
111 - 12 - 1	Typed or printed name of signes	

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