

L13000/00520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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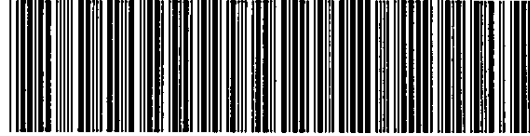
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 16 2015
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PING'S BEAUTY, LLC (Doc # L13000100520)
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:

JOE MADAIO
Name of Person

N/A
Firm/Company

4230 CAPRI DRIVE
Address

PENSACOLA, FL 32504
City/State and Zip Code

PINGMADAIO@FOXMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE MADAIO at (850) 485-6159
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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:
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

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2016 AUG 15 3:05 PM
TALLAHASSEE, FL

**TO
ARTICLES OF ORGANIZATION
OF**

PING'S BEAUTY, LLC (DOC # L13000100520)
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/16/2013 and assigned Florida document number L13000100520.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PING MADAIO

New Registered Office Address:

SAME ADDRESS

Enter Florida street address

Florida

City

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.

Ping Madaio

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MADAIO, JOEL T.	7175 N. DAVIS HWY, STE H	☐ Add
		PENSACOLA, FL 32504	☒ Remove
			☐ Change
MGRM	MADAIO, PING	7175 N. DAVIS HWY, STE H	☒ Add
		PENSACOLA, FL 32504	☐ Remove
			☐ Change
AMBR	MADAIO, PING	7175 N. DAVIS HWY, STE H	☐ Add
		PENSACOLA, FL 32504	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA
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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 11, 2016.

Joel Thomas Madaio
Signature of a member or authorized repres

Signature of a member or authorized representative of a member

JOEL THOMAS MADAIO

Typed or printed name of signee