2/3000/13/62

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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TALLAHASSEE FLORIBA

COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: XZibi-	2 Boxber 9 Name of Limit	Styling Lounge led Liability Company			
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.			
Please return all corresponder	nce concerning this matter	to the following:			
_	Chandra A	Solomor Name of Person	 .		
_	Xzibitz Bar	ber & Beauty Styling) Louge	. 24	<u>.</u>
	30 6640 Su	immer Haven Dr.	í- (** 3	28130	! } } ! !!**
		Address			
-	Riverview,	F2. 335 78 City/State and Zip Code	<u></u>	Te PH	-
_		o be used for future annual report notificati	on)	3	
For further information conce	erning this matter, please ca	all:			
Chardra A Name of Per	Solomon	at (<u>813</u>) <u>528-50</u> Area Code & Daytime Te	25 dephone Number		
Enclosed is a check for the fo	llowing amount:				
\$25.00 Filing Fee	2\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate o Certified Co (additional c	f Status &	

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

Xzibitz Barber #	Styling Lampe L	, L.C.
	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{8/12}{2}$.	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Xzi bitz Barber & Bea	uty Styling Laine	e L.L.C.
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2019 8
(Principal office address MUST BE A STREET ADI	DRESS)	表。
-		100 m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		कुल 👱
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida 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 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	<u>T</u> :	ype of Action
ngom?"	Chandron	Mathis-Solomon	1440 Symmer Haven	<u> </u>	Add
•			1440 Symprer Haven L Riverview FL 33578		Remove
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				75.7 0.7 0.7 0.7 0.7 0.7 0.7	
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Signature of a member or authorized representative of a member Chandra S8/0M8N Typed or printed name of signee	. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Signature of a member or authorized representative of a member Chandra Solomow	_	
Signature of a member or authorized representative of a member Chandra S8/0M8N		
Signature of a member or authorized representative of a member Chandra S8/0M8N		
Signature of a member or authorized representative of a member Chandra S8/0M8N		
Chandra Solomon	ed \	Lember 5, 2013.
Chandra Solomon	-	CC 9 Sel
Typed or printed name of signee		Signature of a member or authorized representative of a member Chandra S8/0M8N

Page 3 of 3

Filing Fee: \$25.00

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