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EXAMINED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Old- Bella Lei Hair Designs LLC 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:		
Emily Kenney She Salon Suites Firm/Company		
10003 Irby Lane West		
Lakeland, FL 33811 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Emily Kenney at (863) 698- 08 69 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kella Lei Hair	r Designs LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our recor ed Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 11-2013	and assigned
		entrol her D
Florida document number <u>46 - 35607 80</u> . L 13000119563		
This amendment is submitted to amend the following:		2018 DEC -9
A. If amending name, enter the new name of the limited l	liability company here:	<u> </u>
She Salon	Scrites LLC	
The new name must be distinguishable and end with the words "L" L.L.C."		ation "LLC" of the abbreviation
Enter new principal offices address, if applicable:	619 Mid Florid	da Drive Suite 2
(Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lakerand, FL	ne west - 33811
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent: E Mil	ly Kenney	
New Registered Office Address: (OOC	o Irby lane. We Enter Florida str.	eet address
Lake	land, Flor	ida 338 1 1 Zip Code
Non-Danishand Amends Clause of Cale of the Date of the		mp couc

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

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	Type of Action
MGR	Shelley Hill	He	rkel 6535 Navajotrai	Add Add
			Lakeland, FL 33813	Remove
				Add
				Remove
				
				Add
				Remove
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			ALL A:	Remove
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				Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The new ein # associated with
	this LLC is - 37-1745453
	
	Day (2013
Dated	Dec. 6, 2013
	Signature of a member or authorized representative of a member
	Emily) Kenney Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

2819 DEC -9 PM 3: 22