## L13000/45503

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## **COVER LETTER**

Division of Corp			
SUBJECT: <u>Eleg</u> a	NT Styles Bar	her Shop nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Derek	ZAMORA	
		Name of Person	
	Bubusho	,	
		Firm/Company	
	2509 NW	65 Aue	
		Address	
	Morgate FC 3 Clayantstylas	City/State and Zip Code  Oche Thop Q g na. ]. (om to be used for future annual report noti	
For further information as			flication)
or tarther information co	ncerning this matter, please ca	all:	
Derek Zamoza	D	at ()	(216547
isanc or	reison	Area Code Daytim	ic Telephone Number
Englosed 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

2017 HILED
$1/\sqrt{U}/2$
ALLAHASSIE PA 2: 42
TORILL

Zip Code

Elegan   Stelles	balbershop LLS	THE ARMSTON CO.
( <u>Name of the Lindted Liabi</u> (A Florid	lity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{7/2}{}$	7/17 and assigned
Florida document number <u>L13000145503</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	on "E.J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	,	
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our r lress here:	ecords, enter the name of the new
	•	
Name of New Registered Agent:	;	
New Registered Office Address:		
	Enter Florida street	address
	<del></del>	Florida
	City	Zin Costa

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.

If Changing Registered Agent, Signature of New Registered Agent

If 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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