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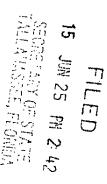
(Re	questor's Name)	
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PICK-UP	WAIT .	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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JUN 2 6 2015

S. YOUNG

EFFECTIVE DATE

COVER LETTER

TO: Registration Se Division of Cor					
	OX FULL SERVICE SALON	LLC			
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	-			
	ETTA WILLIAMS				
		Name of Person			
	NUBIAN LOX				
		Firm/Company		_ 5≲ ភ	
	4600 N UNIVERSITY DE	RIVE SUITE 403		ACRES LE	<u>ات </u>
	***************************************	Address	••••••	125	FILEU
	LAUDERHILL, FL 3335	1			
		City/State and Zip Code			
	ingrid@igtaxsvc.com	to be used for future annual report notif	fication)	高州 45	
For further information c	oncerning this matter, please co		Tracks III		
INGRID GOODEN		954 806-3132			
Name o	f Person	Area Code Daytime	e Telephone Numbe	er	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & Copy is enclosed	

MAILING ADDRESS:

TO:

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

(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on o liability Company)	ur records.)
The Articles of Organization for this Limited L Florida document number		were filed on 1/15/201	4 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	4600 N UNIVERSIT	Y DRIVE
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SUITE 403	
		LAUDERHILL, FL	33351 X O TT
Enter new mailing address, if applicable:		4600 N UNIVERSIT	Y DRIVE
(Mailing address MAY BE A POST OFFICE	BUAI	LAUDERHILL, FL	33351
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			records, enter the name of the
Name of New Registered Agent.			
New Registered Office Address:	N/A	Enter Florida str	reat address
		Enter Florida sir	
	N/A		, Florida N/A
		City	Zip Code

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.

N/A	
If Changing Registered Agent, Signature of New Registered Agent	egistered 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:	

`		r	r				
MGR =	Manager						
AMBR =	= Authorize	ed Mer	nber				

Title	<u>Name</u>	Address	Type of Action
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			□ Remove
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fective date, if other than the an effective date is listed, the date mu	thate of filing: st be specific and cannot be prior	r to date of filing or more than	(optional) 90 days after filing.) Pursuant to	605.020
ote: If the date inserted in this becument's effective date on the I	lock does not meet the application	cable statutory filing require	ements, this date will not be	listed as
edition 5 cheening date on the E	epartition of State 5 1000 at	•	SEORE ALLAI	
record specifies a delaye	d effective date, but no	ot an effective time, a		ar ilë r o
The 90th day after the rec	cord is filed.	,	第 25	
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18TH JUNE	, 2015	•	22 N	_
ated				
ated	11:01		5 th	
Illa C	Signature of a member or auth	norized representative of a mer		

Page 3 of 3

Filing Fee: \$25.00