

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
 Fax Number : (850) 617-6383

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14 JUL 18 AM 7:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERFECTHAIR.LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 21 2014
 J. BRUCE

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PERFECTHAIR, LLC.

(Name of the Limited Liability Company as it now appears on p.p. 1
(A Florida Limited Liability Company) p.p. 1)

The Articles of Organization for this Limited Liability Company were filed on 05/10/2014 and assigned Florida document number L14000076279

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

SANDRA M. BARRUL

New Registered Office Address:

13224 SW 265 STREET

Enter Florida street address

HOMESTEAD

City

Florida 33032

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 606 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, Sign of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sandra M. Barrul	13224 SW 265 Street	☒ Add
		Homestead, Fl 33032	☐ Remove
MGR	Sandra M. Barrul	13224 SW 265 Street	☒ Add
		Homestead, Fl 33032	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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TALLAHASSEE FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 60 days after the date this document is filed by the Florida Department of State)

Dated July 17, 2014

Signature of a member or authorized representative of a member

Sandra M. Barrul

Typed or printed name of signer

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