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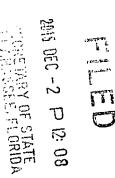
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### **COVER LETTER**

Division of Corporations
SUBJECT: Marie Munoz Styling a Madeling Consulting 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:
Jessica Mune2  Name of Person
Havie Hind Styling - Hadeling Consultion
11460 SW 102nd Street
Miami FL 33176 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$55.00 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

## TO ARTICLES OF ORGANIZATION OF

Marie Munoz St	Hing & Hod	wing Consulti
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<mark>t∕as it now appears on our record</mark> ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 1400 120 645	were filed on $07/31$	and assigned
This amendment is submitted to amend the following:		्रा हुन्। एट व्या
A. If amending name, enter the new name of the limited liabil	ity company here:	TO THE PARTY OF TH
		2 2 mm
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC	-11 . O Harmil
Enter new principal offices address, if applicable:		NTS 12:
(Principal office address MUST BE A STREET ADDRESS)		TE OS
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ce address on our records	s, enter the name of the new
Name of New Registered Agent:	sica Mon	Œ
New Registered Office Address:	1460 SW Enter Florida street address	102nd St
$-\mathcal{W}$	City, Flo	orida <u>JS</u> ) FU Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as prebeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and Ov <del>ids</del> d for in Chapter 605. I	d I am familiar with and

Page 1 of 3

AMBR = Ai	anager uthorized Member	r		
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E. Effective date, if other than the date of filing: (optional)	
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	•
Dated NOTEMBER 30, 3015	
Signature of a member or authorized representative of a member	
HSSica Hinz	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee: \$25.00	