L14000136794

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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TALLAHASSEE FLORIDA

EFECTIVE DATE

JUN 0 6 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2016

ROSANGELA DASILVA 5394 LYONS ROAD STE B6 COCONUT CREEK, FL 33073

SUBJECT: HAIR R&S USA LLC Ref. Number: L14000136794

We have received your document for HAIR R&S USA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 516A00009324

SECRETARY OF STATE

No. 3814 P. 1

COVER LETTER

TO: Registration Se Division of Cor			,	
SUBJECT:	418 8+5 US	A LLC	3.	
	Name of Lim	ited Liability Company	•	
		• '	,	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	·	
Please return all correspo	ndence concerning this matter	to the following:		
	,		production of the contraction	
•	RUSANGEL	A DASILVA		
		Name of Person		
	,	Firm/Company		
•	446 W	Hillsborn Blud	· ·	15 MAY
	Deorheld	Sch FC 33441 City/State and Zip Cooks	;	-2 PM
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For further Information co	oncerning this matter, please ca			
Name of	Dayshaw Person	al (954) '540 - Daysime	Co462 Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25,00 Filling Pec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	S60.00 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
Cilifon Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAIR R + S LIS (Name of the Limited Clability (A Florid	Ity Company as It now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L14 000(36794</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new pame of the lim	ilted liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable;	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	SECRETA TALLAHA
(Mailing address MAY BE A POST OFFICE BOX)	2 PH
B. If amending the registered agent and/or registered agent and/or the new registered office add	atered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Flurida street address
	. Florida
	Clay Ztp Code
Non- Desistered Assettle Claneture, If changing Desisters	ad Agant

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 =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
AMBR	ElANIA Blanco	5314 Lyons Rd Ste Blo	D Add
		Coconct Creek Pl 33073	Remove
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ic: If the date	other than the d listed, the date must inserted in this blo- ive date on the De	ck does not mee	et the applicable	me or receil or r	nore than 90 d	_ (optional ays after film nts, this dat	g.) l'untu	int to 605.02 I be listed (07 (ss (
record spec	lfles a delayed	effective dat	re, but not a	n effective	time, at it	Ž:Ф1_a.m.	on the	e earlier	of:
•	after the reco	rd is filed.					:		
he 90th day	June	3 (2016	4)) .		
The 90th day			7	ul	/				
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The 90th day			مستم						
rhe 90th day		A S	mber or authoriza	11	of a member				