

L15000005409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB 10 2015

MAR 12 2015  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2015

CHRISTOPHER D PRIETO  
1970 SW GLENDALE ST  
PORT ST LUCIE, FL 34987

SUBJECT: HAIR SHE BLOWS, LLC  
Ref. Number: W15000012257

We have received your document for HAIR SHE BLOWS, LLC and your check(s) totaling \$25.00. 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: 815A00003533

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/12/15

CORPORATE DETAIL RECORD SCREEN

3:35 PM

NUM: L15000005409 ST:FL ACTIVE/FL LIM LIAB FLD: 01/09/2015 EFF: 01/09/2015

TOTAL CONTR: 0.00

NAME : BLOW-OUT N GLOW, LLC

PRINCIPAL: 1970 SW GLENDALE ST.

ADDRESS PORT SAINT LUCIE, FL 34987 US

RA NAME : PRIETO, CHRISTOPHER D

RA ADDR : 1970 SW GLENDALE ST.

PORT ST. LUCIE, FL 34987 US

ANN REP : \* NONE FILED \*

1. MENU, 3. MGR/MEM, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

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15 FEB 10 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Blow-Out N Glow, LLC.  
Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Hair She Blows, LLC.  
Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a LLC  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Florida  
on 1-9-2015 (Enter state, or if a non-U.S. entity, the name of the country)  
(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: 1-9-2015  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

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

\_\_\_\_\_  
**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

Hair She Blows, LLC.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City 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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

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

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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 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Christopher Prieto

Typed or printed name of signee

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Filing Fee: \$25.00

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15 FEB 10 AM 10:31  
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