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(Document Number)
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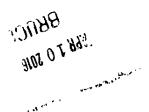
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SECRETARY OF STATE
TALLAHASSEE FLORIDS



COVER LETTER

TO: Registration Section Division of Corporations	s		
SUBJECT: Salon	North: LLC Name of Limited Liability Company		
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.		
Please return all correspondence co	oncerning this matter to the following:		
	Sophia Andonisio Name of Person	-	
	Salon North Firm/Company	-	
41	03155 State Road 200 #4	-	
	ulee, Ft 32097 City/State and Zip Code	-	
	Salonnorth anothmail. Com E-mail address: (to be used for future annual report notification)		
For further information concerning	this matter, please call:		
Sophia Andonisi Name of Person	at (904) 844-1347 Area Code Daytime Telephone Number	2016 APR -	<u> </u>
Enclosed is a check for the following	ng amount:		
	(additional convict analysed) Cartified	ling Fee, ite of Status &	O

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salon North Li	-C
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000012008</u> .	were filed on 1/20/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	463195 State Road 200
(Principal office address MUST BE A STREET ADDRESS)	Unit #4
	Yulu, Fr 32097
Enter new mailing address, if applicable:	463155 State Road 200
(Mailing address MAY BE A POST OFFICE BOX)	Unit #4
	Yula, Fr 32097
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	CRETWASSE - FR
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida 2
	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

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

<u> 1 me</u>	Name	Address	Type of Action
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more e: If the date inserted in this block does not meet the applicable statutory filing rument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 60 requirements, this date will not be lis)5.0 sted
record specifies a delayed effective date, but not an effective tin he 90th day after the record is filed.	ne, at 12:01 a.m. on the ear	ier
ed April 1 2016.		
Signature of a member or authorized representative of	f a member	
Signature of a member or authorized representative of	a memoer	

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Filing Fee: \$25.00