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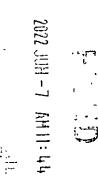
(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



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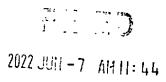
	ision of Cor		·	
SUBJECT:		r Works LLC		
object.		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		Elizabeth Shapiro		
			Name of Person	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Cess: On Section Copy (additional copy is enclosed)
			Firm/Company	
		251 N Plant St		
			Address	
		Winter Garden Fl 34787		
			City/State and Zip Code	
		bostonhairworks@yahoo.co E-mail address: (om to be used for future annual report notifi	ication)
For further in	nformation c	oncerning this matter, please c	all:	
Elizabeth Shapiro			407 692-0228 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	iling Addres		Street Address:	tion
-	-	Section Corporations	Registration Sec Division of Corp	
). Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

Boston Hair Works LLC		· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 02/02/15	and assigned
This amendment is submitted to amend the following:		
_	it ali tita	
A. If amending name, enter the new name of the limited Boston Hair And Body Works LLC	<u>парину сотраду nere</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u> l	he name of the new registered
Name of New Registered Agent:	Will the second	
New Registered Office Address:	Enter Florida street address	
	Flan	

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.

City

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>Title</u>	Name	Address	Type of Action
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			Пстюче
			ClChange
			🗆 Add
			□Remove
			[]Change
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			□Remove
			[]Change
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n effective date is listed te: If the date inser	er than the date of a life that the date must be specified in this block does late on the Department	ic and cannot be price not meet the appli	cable statutory fili	nore than 90 days after		
ecord specifies a dela is filed.	ayed effective date, bu	it not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day aft	er the
ted May 24th	7.00		·			
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