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OUT LIKE LUK
TO: Registration Section' Division of Corporations SUBJECT: One Fine Day Bridge Salary 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:
Danielle Mattingly Name of Person Day Bridge Salon Him/Company 195A S ROS (De BIVd Address Ponte Vedra Beach FL 32082 Gity/State and Zip Code danielle (Done fine daybridal Salon. E-mail address: (To be used for future annual report notification) Com
For further information concerning this matter, please call: Danielle Mathnally at 904 Name of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 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

ARTICLES OF O	RGANIZATION
On le Fin le Compar (Name of the Limited Liability Compar (A Florida Limited L	ay Bridal Salon LL (
The Articles of Organization for this Limited Liability Company Florida document number <u>L 5 0 0 0 0 2 0 6 / 6 </u>	were filed on $\frac{2/3/2015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1636 B Hendricks Ave
(Principal office address MUST BE A STREET ADDRESS)	Jacksonyille, FLM 32207
Enter new mailing address, if applicable:	Same as above
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	elle Mattingly S. Roscoe Blyd.
New Registered Office Address: 195A	Enter Florido etrast addrese
<u> Conte V</u>	dra Beach, Florida 32082
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 accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hopfensperger, Shelia	1436 B Hendricks A	V L □ Add
		1436 B Hendricks A Jacksonville, FL 32267	Remove
			Change
MGR	Mattingly Danielle	1636 B Hendricks Ave	Add
	J 11	1636 B Hendricks Ave Jacksonville, FL 32207	7 Remove
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(If an el Note:	tive date, if other than the date of filing: [Coptional Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this dancent's effective date on the Department of State's records.	ng.) Pursuant to 605.0207 (3	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.me 90th day after the record is filed.	n. on the earlier of:	
Dated	February 10 2018	*	
	Signature of a member or authorized representative of a member	<u>.</u> :	
	Danielle Mattingly Typed or printed name of signer	<u> </u>	

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Filing Fee: \$25.00