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SECRETARY OF STATES



JUN 20 2016 S. YOUNG Florida Department of State

6/1/2016 RAQUEL'S FUSION HAIR STUDIO, LLC ADMENTM NAME CHANGE TO: FUSION HAIR STUDIO, LLC.

25.00

CHASE - JP Morgan

USE WITH 91663 ENVELOPE

PRINTED IN U.S.A.

DEAR MSS. SHIELA YOUNG

PLEASE ENCLOSED FIND THE NEW CORRECTED ARTICLE ADMENTMENT FOR RAQUEL'S FUSION HAIR STUDIO LLC. THE \$25.00 WAS ALREADY PAID TO YOUR OFFICE ON JUNE 01, 2016.

IF YOU HAVE ANY QUESTION PLEASE CALL ME.

THANKS...I

WILLIAM VASQUEZ

407-383-7812

ACCOUNTANT

25.C



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2016

RAQUEL FERNANDEZ TOSADO 209 SOUTH OLIVE AVENUE UNIT 2 WEST PALM BEACH, FL 33401

SUBJECT: RAQUEL'S FUSION HAIR STUDIO, LLC

Ref. Number: L15000078379

We have received your document for RAQUEL'S FUSION HAIR STUDIO, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 016A00011968

COVER LETTER

TO:	Registration Se Division of Cor					
CUBIE	CT	RAQUEL'S FUSION	HAIR STUDIO, LLC.			
SUBJE	.CI:					
			-			
		RAQU	IEL FERNANDEZ TOSADO	•		
			d Liability Company itted for filing. the following: L FERNANDEZ TOSADO Name of Person FUSION HAIR STUDIO, LLC. Firm/Company JTH OLIVE AVE. UNIT 2 Address PALM BEACH, FL 33401 City/State and Zip Code elvcc40@gmail.com be used for future annual report notification) :			
		RAQUEL'S FUSION HAIR STUDIO, LLC. Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: RAQUEL FERNANDEZ TOSADO Name of Person RAQUEL'S FUSION HAIR STUDIO, LLC. Firm/Company 209 SOUTH OLIVE AVE. UNIT 2 Address WEST PALM BEACH, FL 33401 City/State and Zip Code raquelvec40@gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: quez Name of Person at 407 Area Code 134-0235 Daytime Telephone Number check for the following amount: lling Fee				
			Firm/Company	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		209 SG	THE THE SECOND S			
			Address			
		WEST	PALM BEACH, FL 33401	PH 3		
			City/State and Zip Code			
		E-mail address: (to be used for future annual report noti	fication)		
For fur	ther information c	oncerning this matter, please c	all:			
Willia	m Vasquez		· ·			
	Name o	f Person		e Telephone Number		
Enclos	ed is a check for the	he following amount:				
3 \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
		ING ADDRESS: ration Section	STREET/COURI Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAQUEL'S FUSION HAI	R STUDIO, LLC.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L15000078379		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FUSION HAIR & NAIL SALON, LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	209 SOUTH OLIVE AVENUE, UNIT 2	a 200
	WEST PALM BEACH, FL. 33401	是翌
		7 (27)
Enter new mailing address, if applicable:		6 WG
(Mailing address MAY BE A POST OFFICE BOX)		* 2.
		9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
, <u></u>	, 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
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f amending any other i	nformation, en	ter change(s) he	re: (Attach addi	tional sheets, if ne	ecessary.)	
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Effective date, if other t fan effective date is listed, the Note: If the date inserted document's effective date	e date must be speci in this block does	ific and cannot be price of the second of th	icable statutory fil	more than 90 days at	otional) ter filing.) Pursuant t his date will not b	:o 605.0207 (3 e listed as th
ne record specifies a The 90th day after			ot an effective	e time, at 12:0:	l a.m. on the e	earlier of:
Dated JUNE 01		2016	·			
-	X			•		
	7	and the same of th				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00