# #L15000096113

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(Cit	ty/State/Zip/Phone	#)
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K.SALY EXAMINER JUN 1 6 2015

### **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:	Hair by Kara	, LLC			
oobject.	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company		
The	a Amerika a CA		16		
The enclosed	1 Articles of A	mendment and fee(s) are sub-	mitted for filing.	•	
Please return	all correspon	dence concerning this matter t	to the following:		
		Andrew Reiss			
Name of Person					
		Cheffy Passidomo, P.A.			
Firm/Company					-
		821 Fifth Avenue South			
			Address	·	-
		Naples, FL 34102			
			City/State and Zip Code		-
		ahreiss@napleslaw.com			
		E-mail address: (t	o be used for future annual re	port notification)	
For further in	nformation co	ncerning this matter, please ca	ill:		
Andrew Rei	ss			9300	
	Name of I	Person	at () Area Code	Daytime Telephone Number	r
Enclosed is a	a check for the	following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certification Ce	ate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

FILED 2015 JUN 15 PK 4: 08

Hair by Kara, LLC (Name of the Limited Liability Company as it now appears on our records:) June 2, 2015 The Articles of Organization for this Limited Liability Company were filed on and assigned L15000096113 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: The new name must be distinguishable and contain the words "Limited Liability 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) 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

#### 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 Changing Registered Agent, Signature of New Registered Agent

# If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mary Ann Pelli	3115 Futuna Lane	
		Naples, FL 34119	
		Naples, FL 34119	Remove
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•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<b>Effect</b> i (If an eff	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ent's effective date on the Department of State's records.
he rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	June 6 2015
Datet	Lara Grande
	Signature of a member or authorized representative of a member
	,

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Filing Fee: \$25.00