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S. WARREN 0CT 0 4 2017

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Plan	Name of Limi	ted Liability Company	udig UC
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Shelly Asbury		
		Name of Person	
	Blown Away Hair & Nail !	Studio	
		Firm/Company	
	3825 South Florida Ave. S	uite#l	
		Address	<del></del>
	Lakeland, Florida 33813		
		City/State and Zip Code	
	Bucsfanztoo@yahoo.com		
	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	all:	
Shelly Asbury		863 513-6069	
Name o	f Person	at () Area Code Daytin	te Telephone Number
Enclosed is a check for the		Coco oo ciliaa baa ƙ	□ \$60.00 Eiling Foo
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on prations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A Florida Limited Lia	ability Company)				
The Articles of Organization for this Limited Lie Florida document number 45001905	ability Company w	vere filed on July 1	4,20	) <u>  5</u> and	assigr	ned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
The new name must be distinguishable and contain the we	ords "Limited Liabilit	y Company," the designation "l	.1.C" or the	e abbreviation	··11,.Ç	
Enter new principal offices address, if applica	ible:					
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	212 E. Poinsettia St.  Lakeland, Florida 33803	-			
B. If amending the registered agent and/or the new registered of	fice address here	ice address on our reco	ords, <u>ent</u>	er Hieznar	# 0CT -	the new
Name of New Registered Agent:	Shelly Asbury			- <u>SSE</u>	<u>-</u> -	
New Registered Office Address:	3825 South Flor	ida Ave. Suite #1  Enter Florida street ad	drace		PH 2:	·
	Lakeland		aress Florida		ယ	
		City		Zip Ce	oae	

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 Type of Action <u>Address</u> **Title** Name Tabotha B. Ward ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change ☐ Remove ☐ Change

rective date, if other than the date of filing:  to flective date, if other than the date of filing:  to flective date is listed, the date must be specific and cannot be pear to date of filing or more than 90 days after filing.) Pursuant to 605.02 to 11 feet date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed untent is effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed.  Signature of a member or authorized representative of a member and the signature of a member of a mem	•				
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