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PICK-UP	☐ WAIT	MAIL
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2015 OCT 12 PM 5: 02
SECRETARY OF STATE
ORIDA

K.SALY EXAMINER OCT 13 2015

COVER LETTER

. TO:

TO:	Registration Se Division of Cor			
SUBJEC		HAIR STUDIO LLC		
SUBJEN	U1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		MARIOARA STONE		
			Name of Person	
		MARIA'S HAIR STUDIO	LLC	
			Firm/Company	
		2925 PGA BLVD. #102		
		 	Address	
		PALM BEACH GARDEN	IS, FL 33410	
			City/State and Zip Code	
		MARIOARA1960@GMAI	L.COM to be used for future annual report notif	raction)
For furth	her information c	oncerning this matter, please of	-	ication)
	TT A. PERRY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	561 370-7383	
JAKKE		C.D.	at ()	T. I. I. N. I.
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	d is a check for tl	he following amount:		
\$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)
	3.4 4 11	ING ADDRESS:	STREET/COURI	ED ADDDESS.
	Registr	ration Section on of Corporations	Registration Section Division of Corporation	n

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**

FI	LED
TOUCT	2 .
SECRETARY ALLAHASSEL	5:02
MASSEL	E.FLORE

MARIA'S HAIR STUDIO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(·····,	LURIDA
The Articles of Organization for this Limited Liability Comp	pany were filed on OCTOBER 1, 2015	and assigned
Florida document number L15000167066		
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 a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
	3971 SE FAIRWAY W	
Enter new mailing address, if applicable:	STUART, FL 34997	
(Mailing address MAY BE A POST OFFICE BOX)	310AR1, FL 34997	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Proriau street address	
	, Florida	
	City	Zip Code

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 from our records:	to manage, enter the	title, name, and address of each	person being added
MGR = M			FILED 2015 OCT 12 PM 5: 02	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF ST	Type of Action
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Page 3 of 3

Filing Fee: \$25.00