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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HIS & HERS HAIR LOFT LLC  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:
DONALD W. MILLER, ESQ.  Name of Person
DONALD W. MILLER, P.A. Firm/Company
P.O. BOK 30633  Address
PALM BEACH GAPDENS, FL33420
PALM BEACH GAPDENS, FL33420  City/State and Zip Code  dwm @ dwm   awyer, com  E-mail address: (to be used for future authual report notification)
For further information concerning this matter, please call:
Name of Person at (56) 707-0053  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Status Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (cadditional 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIM GHER HAIR	LOFT LLC
(Name of the Limited Liability Compa (A Florida Limited )	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $1/25/2015$ and assigned
This amendment is submitted to amend the following:	mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  I name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  THE WOLLD ANTOWN RD.  SUITE #8  JUPITER, FL 33458  INDIANTOWN RD.  SAME AS ABOVE  The address MAY BE A POST OFFICE BOX
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	775 W. INDIANTOWN RD.
(Principal office address MUST BE A STREET ADDRESS)	541TE #8
	JUPITER, FL 33458
Enter new mailing address, if applicable:	SAME AS ABOVE TO
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JUAND. BLANCO	775 W. INDIANTOWN RI	_□ Add
		SUITE #8	Remove
		SUITE #8 JUPITER, FL 33458	Change
			Add
			☐ Remove
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lote: If the date inserted in thi	the date of filing:  must be specific and cannot be prior to s block does not meet the applicate Department of State's records.	o date of filing or more than 90 days	(optional) s after filing.) Pursuant to 605.020 s, this date will not be listed as
e record specifies a dela The 90th day after the	yed effective date, but not record is filed.	an effective time, at 12:	01 a.m. on the earlier o
ated 2 - 8 -	Mus B	<b>.</b> _·	
——————————————————————————————————————	Signature of a member or author	ized representative of a member	

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Filing Fee: \$25.00