115000209311

(Requestor's Name)
(Address)
(Address)
(C) (C) A C (C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



Q8/24/18--01Q68--Q25 ••60.00



COVER LETTER

1O: Registration So Division of Cor				
	nber Sayre LLC, (dba) ONYX	Hair Studio		
Name of Limited Liability Company				
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	Amber Sayre			
		Name of Person		
	10728 Firebrick Court	Firm/Company		
	Trinity, FL 34655	Address		
	amber.sayre@ymail.com	City/State and Zip Code		알 >
	E-mail address; (to be used for future annual report notifi	cation)	
or further information o	oncerning this matter, please co	all:		S
Amber Sayre		727 295-7171		
Name o	f Person	at () Area Code Daytime	Telephone Number	_
Enclosed is a check for the	ne 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 F Certificate of S Certified Copy (additional copy is	Status &

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hair By Amber Sayre LLC, (dba) ONYX Hair Studio (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L15000209311 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ONYX & MANE LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

_. Florida __

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

	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
		 	□ Remove
			Change
			Ndd
			Remove
			☐ Change
			☐ Remove
			Chunge
			Add
			□ Remove
			Change
			Add
			Change

						•
· · · · · · · · · · · · · · · · · · ·		<u></u>				
						•
						-
						-
					NO -22	
		 			#4 #4	
				· · ·		
					<u></u>	
						
					40 	`*~
				_	0	-
Effective date, if other the fan effective date is listed, the Note: If the date inserted in document's effective date of	date must be specific and cann n this block does not meet t	he applicable statutor	ng or more than 90 days af ry filing requirements, t	tional) er filing.) Pur nis date will	suant to 605	- e(
Note: If the date inserted in document's effective date of	n this block does not meet t	he applicable statutor	y filing requirements, ti	er ming.) Fur nis date will	not be liste	9,020 ed a
	delayed effective date	, but not an effec	tive time, at 12:01	a.m. on	the earlie	er of
	he record is filed.					
ne record specifies a control of the 90th day after the September 21 Dated		018				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00