(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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MAR 1 1 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor	cction porations				
SUBJECT:	YOBarbers Benner of Lin	arbershop & H lited Liability Company	air Studiolls	<u>-</u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Cather ine	Ratice Palge Name of Person	<u>e</u>		
	The	Hair Piesel Firm/Company	UC.		
	9062	Galloway Dri	ve	*****	₹
		Sonuille FL 33 City/State and Zip Code		6 MAR I	SECRETA NLLAHA
	Cother:	ne Paige DJAV-1 to be used for future annual report notif	IFL. EDU	10 PM	RY SEE
For further information c	oncerning this matter, please c	all:		5:5	FLOR
Catherine To Name o	aige f Person	at (904) 226 - Area Code Daytimo	-2939 Telephone Number	ğ	IDA IDA
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 Fee, Certificate of Status & Certified Copy		

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

(Name of the Limited Liab) (A Flori	oershop & Hair Studio LLC dity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 082016 and assigned 02
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	5562 (Ommerce St Jacksonville FL 32211
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville pe 3 257
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	Catherine Paige
New Registered Office Address:	Enter Florida street address
	, Florida
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pierre Williams	90626alloway Pr Jap Fl 32219	
		Jax Fl 32219	Remove
		<u></u>	Change
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Dated March 1st, 2016.		
	Dated	March 1st, 2016.
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of YOBARBERSHAP & HAIR STUDIO.LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on January 08, 2016 effective January 07, 2016, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L16000006012.

Authentication Code: 160114084459-800280787338#1

16 MAR 10 PM 2: 29

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of January, 2016

Ken Detzher Secretary of State

Date of this notice: 03-02-2016

Employer Identification Number:

81-1656622

Form: SS-4

Number of this notice: CP 575 G

HAIR DIESEL LLC CATHERINE PATRICE PAIGE SOLE MBR 9062 GALLOWAY DR JACKSONVILLE, FL 32219

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you seem that the second of the se

When filing tax documents, payments, and related correspondence, it is very important; that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is HAIR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.