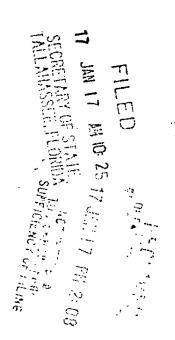
## L16000012931

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
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| PłCK-UP                 | ☐ WAIT             | MAIL        |
| (Bı                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



100294078881



D. SCOTT JAN 1 8 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195   |                       |
|---|-----------------------|
| REFERENCE : 467110 8080110  | )                     |
| AUTHORIZATION Expelsible man  |                       |
| COST LIMIT : \$-25.00   |                       |
| ORDER DATE : January 16, 2017                                       |                       |
| ORDER TIME : 12:42 PM   |                       |
| ORDER NO. : 467110-010  |                       |
| CUSTOMER NO: 8080110  |                       |
|   |                       |
| DOMESTIC AMENDMENT FILING   |                       |
|   |                       |
| NAME: TOP SHELF SALON, LLC  | SECTION TALL          |
|   |                       |
| EFFECTIVE DATE:   | SSEC                  |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION         | M O 25 FSTATE FLORIDA |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                     |                       |
| CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING |                       |
| CONTACT PERSON: Melissa Zender EXT# 62956                           |                       |

EXAMINER'S INITIALS:

## **COVER LETTER**

| то:      |         | istration Sect<br>ision of Corpo |  |   |                                |              |             |
|----------|---------|----------------------------------|--|---|--------------------------------|--------------|-------------|
| SUBJE    | CT.     | Top Shelf S                      | Salon, LLC                                   |   |                                |              |             |
| SOBJE    |         |                                  | Name of Lim                                  | ited Liability Company                                    |                                |              |             |
|          |         |                                  | mendment and fee(s) are sub                  | _   |                                |              |             |
|          |         |                                  | Kimberly Lynn Tyree                          | :   |                                |              |             |
|          |         |                                  |  | Name of Person  |                                | " .          |             |
|          |         |                                  | Top Shelf Salon                              |   |                                |              |             |
|          |         |                                  |  | Firm/Company  |                                |              |             |
|          |         |                                  | 11394 US HIGHWAY                             | Y 98 WEST STE   | G                              |              |             |
|          |         |                                  |  | Address   |                                |              |             |
|          |         |                                  | Miramar Beach FL 32                          | 2550  |                                |              |             |
|          |         |                                  |  | City/State and Zip C                                      | ode                            |              |             |
|          |         |                                  | Topshelfsalon1082@g                          | mail.com to be used for future and                        |                                |              | 型器 二        |
| For furt | her in  | oformation con                   | e-mail address: (                            | •   | пиат героп пописано            | 11)          | 超量工         |
|          |         | L Tyree                          | 71   | 850   | 269-2211                       |              | TILED A     |
|          |         | Name of P                        | Person                                       | Area Code   | Daytime Tele                   | phone Number | ्रिंड क     |
| Enclose  | ed is a | check for the                    | following amount:                            |   |                                |              | <b>影</b> 25 |
| □ \$25   | 5.00 F  | iling Fee                        | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing F<br>Certified Cop<br>(additional copy i | у                              | Certified (  | of Status & |
|          |         |                                  | G ADDRESS:                                   |   | EET/COURIER A stration Section | ADDRESS:     |             |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Top Shelf Salon, LLC  |  |                       |
|---|--|-----------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited )  | iny as it now appears on our records.)<br>Liability Company) |                       |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000012931</u> .           | were filed on January 19th 2016                              | and assigned          |
| This amendment is submitted to amend the following:   |  |                       |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |                       |
| The new name must be distinguishable and end with the words "Limited Liab   | oility Company," the designation "LLC" or the                | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 11394 US HIGHWAY 98 W S7                                     | TE G                  |
| (Principal office address MUST BE A STREET ADDRESS)   | Miramar Beach FL 32550                                       |                       |
| Enter new mailing address, if applicable:<br>Mailing address MAY BE A POST OFFICE BOX)                                  |  |                       |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | · —  | The name of the       |
|   | -  | 1 F                   |
| Name of New Registered Agent:   |  | 5 5                   |
| New Registered Office Address:  | Enter Florida street address                                 | 995 G                 |
|   | Florida  | Jan Jan               |
|   | 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

| <u> Citle</u> . | <u>Name</u>                           | Address  | Type of Action |
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| he effective date must be specifi  | an the date of filing:  ic, cannot be prior to date of receipt or filed date and cannot be receipt or filed date. | (optional) nore than 90 days after |
|  | ic, cannot be prior to date of receipt or filed date and cannot be a  |                                    |
| The effective date must be specificated the date this document is filed by | ic, cannot be prior to date of receipt or filed date and cannot be rety the Florida Department of State)  |                                    |

Page 3 of 3

Filing Fee: \$25.00

