# L16000 013 743

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## **COVER LETTER**

TO:		tration Section of Corpo				
CHID			ANGIE LLC			
SUB	JECT: _			ted Liability Company		
The	enclosed A	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Plea	se return a	ll correspond	dence concerning this matter t	o the following:		
			ESTEBANA JEREZ		Daytime Telephone Number    S60.00 Filing Fee, Certificate of Status &	
				Name of Person		
			JEREZ PROFESSIONAL S	SERVICES LLC		
				Firm/Company	<u> </u>	
			5746 S SEMORAN BLVD	• •		
				Address	<del></del>	
			ORLANDO, FL 32822			
			JEREZPROFESSIONALSE	City/State and Zip Code RVICES@GMAIL.COM		
			E-mail address: (to	be used for future annual repo	ort notification)	
For	further info	ormation con	cerning this matter, please ca	11:		
EST	EBANA J			at () 757-01		
		Name of F	erson	Area Code I	Jaytime Telephone Number	
Encl	osed is a c	heck for the	following amount:			
	\$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

STYLEZ BY ANGIE LLC

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000013743	Company were filed on 01/20/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
PRESTIGIOUS HAIR LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u> 원생</u> <b>호</b>
	-	
Enter new mailing address, if applicable:		- 1 T
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	(optional) an 90 days after filing.) Pouriements, this date wi	ඩ ට	_
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more that	(optional)		
interestive tale is listed, the date thust be specific and cannot be prior to date of filing of more the list of the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	uirements, this date wi	II not be lis	
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on	the ear	lier o
ated JULY 15			
Signature of a member or authorized representative of a m	nember		
5 Signature of a member of authorized representative of a n	nemoci		

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Filing Fee: \$25.00