

L16000037698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

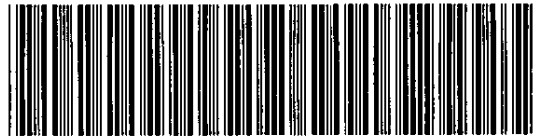
(Document Number)

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RECORDS MANAGEMENT DIVISION  
TALLAHASSEE, FLORIDA

16 SEP -9 PM '16

FILED

08/21/16

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Divas Hair Lounge 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:

Genita Bell  
Name of Person

Divas Hair Lounge LLC  
Firm/Company

602 S. main Ave, Minneola FL 34715  
Address

Minneola FL 34715  
City/State and Zip Code

DivasHairLounge@Jahov.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Genita Bell at (321) 208 4053  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 (additional 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**

DIVAS Hair Lounge LLC

(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 February 26, 2016 and assigned Florida document number L1600003768.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Pressed Beauty Bar & Weave Express LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

602 S Main Ave

Minneapolis MN 55415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

241 Brookdale Loop

Clermont FL 34711

**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:

Genita Bell

New Registered Office Address:

241 Brookdale Loop, Clermont FL

Enter Florida street address

Clermont

City

, Florida

34711

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.

[Signature]  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Breyonna Bell	241 Brookdale Loop	<input checked="" type="checkbox"/> Add
		Clermont Fl 34715	<input type="checkbox"/> Remove
		241 Brookdale Loop	<input type="checkbox"/> Change
MGR	Kyla Bell	Clermont Fl 34715	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 SEP 10 2010  
 TALLAHASSEE, FLORIDA  
 STATE

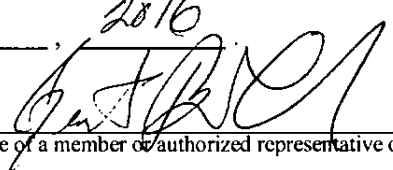
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

16 SEP -9  
STATE OF FLORIDA  
SECRETARY OF STATE  
FILED

E. Effective date, if other than the date of filing: September 6, 2016 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated September 6, 2016  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Genita Bell  
\_\_\_\_\_  
Typed or printed name of signee