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COVER LETTER

		to the following: Valerie Cortinas Name of Person	·		
sed Articles of Am	endment and fee(s) are sub	omitted for filing. to the following: Valerie Cortinas Name of Person	·		
		to the following: Valerie Cortinas Name of Person			
urn all corresponde	ence concerning this matter	Valerie Cortinas Name of Person			
		Name of Person			
		Swyft Filings LLC			
		Off, it imigo LEO			
		Firm/Company			
12605 East Freeway, Suite 509					
		Address			
		Houston, Texas 77015			
		City/State and Zip Code			
_					
	E-mail address: (to be used for future annual report not	ification)		
er information conc	erning this matter, please ca	all:			
Valerie Cortina	S	at (877) 777-0450			
Name of Pe	erson		ne Telephone Number		
is a check for the f	ollowing amount:				
0 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		
\ !	Valerie Cortina Name of Pe	Final address: (a representation concerning this matter, please concerning the concerning this matter, please concerning this matter concern	Address Houston, Texas 77015 City/State and Zip Code filings@swyftfilings.com E-mail address: (to be used for future annual report not r information concerning this matter, please call: Valerie Cortinas Name of Person at (877) 777-0450 Area Code Daytin is a check for the following amount: O 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 ARTICLES OF ORGANIZATION **OF**

PETIT BEAUTY SALON, LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company w Florida document numberL16000037922	vere filed on February 23, 2016 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company here:		
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	13100 WEST STATE ROAD 84		
Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33325		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office.	ce address on our records, enter the name of th		
egistered agent and/or the new registered office address here:			
Name of New Registered Agent:	*****		
	Enter Florida street address		
Name of New Registered Agent:	Enter Florida street address , Florid a		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	ACTNERY DURAN	13100 WEST STATE ROAD 84	
		DAVIE, FL 33325	Remove
			X Change
			D Add
			Remove
			Change
		-	Add
			Remove
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<u>- </u>			
			□ Remove
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		**************************************	□ Remove
			Change Change Change Change
		122 (22) (23) (23) (24)	Add To Remove
			Change

. If amending any	y other information, enter ch	nange(s) here: (Attach a	udditional sheets, ij	fnecessary.)	
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(If an effective date is Note: If the date document's effect the record spec	f other than the date of filing s listed, the date must be specific and inserted in this block does not make tive date on the Department of S cifies a delayed effective d	cannot be prior to date of filir neet the applicable statutor tate's records.	g or more than 90 days y filing requirements	s, this date will i	not be listed as the
) The 90th day	y after the record is filed.				
Dated	MARCH 2	2016			
	Signature of a r	nember or authorized represe	ntative of a member	2	· John Colonia
	-	rie Cortinas - Author			IL E
		Typed or printed name of sig		To To	m
		Page 3 of 3		IZ: 02 STATE	

Filing Fee: \$25.00