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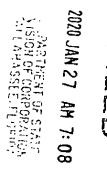
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FEB 2 2 2020 S. YOUNG

COVER LETTER

TO:

	gistration Sec vision of Corp			
		UTY SALON LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclose	d A n icles of A	Amendment and fee(s) are subr	nitted for filing.	
		ndence concerning this matter t		
		ACTNERY DURAN		
			Name of Person	
		PETIT BEAUTY SALON	Name of Limited Liability Company See(s) are submitted for filing. It is matter to the following: DURAN Name of Person ITY SALON LLC Firm/Company H AVE Address ON FL 33324 City/State and Zip Code N18@YAHOO.COM mail address: (to be used for future annual report notification) atter. please call: 1 954	
			Firm/Company	
		440 NW 78TH AVE		
			Address	
		PLANTATION FL 33324		
		NERYDURANI8@YAHOO	O.COM	fication)
For further	information co	oncerning this matter, please co	ail:	
ACTNERY	' DURAN		at (
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
R D P	failing Address egistration Solvivision of Color. O. Box 632 allahassee. I	Section Torporations 7	Registration Se Division of Con The Centre of T 2415 N. Monro	rporations Fallahassee se Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	20
PETIT BEAUTY SALON LLC		2020 JA
	Company as it now appears on our records. imited Liability Company)	PENI PENI ASSE
The Articles of Organization for this Limited Liability Co.	mpany were filed on 02/23/2016	The Control of the Co
Florida document number L16000037922	- ·	59 6
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADDRE</u>	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
P	ACTNERY DURAN	440 NW 78TH AVE	
	~	PLANTATION FL 33324	= Remove
			Change
		<u> </u>	□ Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			□Add
			□Remove
			□Change

		4
Note: If the date	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filing or more e inserted in this block does not meet the applicable statutory filing re ctive date on the Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as
ne record specifie ord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dated	RY, 21TH 2020	
Dated	Cillingi	
	Signature of a member or authorized representative of	a member