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SECRE PART OF STATE

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	AS J 40 Name of Limit	7 S-lu dio by ited Liability Company	Davidonare IIC
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Kevin	Name of Person	
		Firm/Company	
	4578	Saler Trail D	r
	<u>St</u> C	2000, FZ 3	4772
		City/State and Zip Code	
		o be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	ıll:	
Name of Po	charles erson	at (40) So 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

	07 Sludio LJC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	•	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim Hair Stud The new name must be distinguishable and contain the words "Lim	o by Davidonne	LLC e abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:			-
(Principal office address MUST BE A STREET ADD)	RESS)		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or regis		er the name of the r	1ew
N. CN. D. S. L.		SECRE	
Name of New Registered Agent:		SSS	1
New Registered Office Address:	Enter Florida street address	mi-k o	• - !
	, Florida		
	City	F-Zip Code	-
New Degistered Agent's Signature if changing Degisters	d Agent:	*	

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 Title Name Address Type of Action ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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				D.A.	6	
(If an effective da Note: If the da	te, if other than the date of fi ate is listed, the date must be specificallate inserted in this block does not fective date on the Department	and cannot be prior to date of ot meet the applicable state	filing or more than 90 days after	r filing.) Pursuai	nt to 605.020 t be listed a	17 (3 s th
the record spo) The 90th o	pecifies a delayed effectiv day after the record is file	re date, but not an ef ed.	fective time, at 12:01	a.m. on the	e earlier o	of:
Dated	S &. Luin Churles Sta Signature o	2 Jolf. 2 Jolf of a member or authorized rep	resentative of a member			
	Levir Charle	5 Hanley Typed or printed name of	of signee			

Page 3 of 3

Filing Fee: \$25.00