

L16000075934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

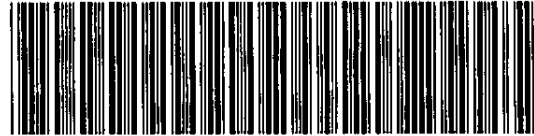
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 NOV 21 AM 11:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2016

WILKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Highly Favored Investments & Transportation
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:

Oprah Brooks
Name of Person

Weird Perspectives Beauty Studio LLC
Firm/Company

920 NW 121 St
Address

Miami, FL 33168
City/State and Zip Code

Oprah23@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oprah Brooks
Name of Person

at (786)
Area Code

606-6751
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**

(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 Highly Favorable Investments and assigned Florida document number L16000075934.

This amendment is submitted to amend the following:

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

Weird Perspectives Beauty Studio 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)

7403 Collins Ave, Miami
Beach, FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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16 NOV 24 AM 11:59
HALL COUNTY, FLORIDA
CLERK OF SUPERIOR COURT

SSWHTTQ
PLAHS

(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)

16 NOV 21 AM 11 53
DEPT OF STATE
WILLAHASSEE, FLO 33608
605-0207 (3)(b)
be listed as the

Dated November 17, 2016


Signature of a member or author

Dorah Brooks