## 110000153307

	II.
(Requestor's Name)	
	<u> </u>
(Address)	
	l)
	l)
(Address)	
	ii ii
	<u> </u>
(City/State/Zip/Phone #)	<del>-   </del>
	\[
	<b></b>
PICK-UP WAIT	MAIL
	ļ
	li li
(Business Entity Name)	<del>- ji</del>
• • • •	
(Document Number)	<del>-   </del>
,	\ <u>\</u>
	<b>\</b> \
Certified Copies Certificates of S	status l
	\
	1)
Special Instructions to Filing Officer:	l) l
	li l
	]}
	ll I
	II I
	{{
	]] [
	]1

Office Use Only



900303042749

09/06/17--01013--002 \*\*25.00

3/1/17

17 SEP -6 PM 2: 16
SECRETARY DE STATE

## LAW OFFICES OF CURTIS & ASSOCIATES PA

C. WILLIAM CURTIS III JAIME COUNCIL ROSE SHABO ALBERRE

DEBORAHBOWLES@CURTISFIRM.COM

August 30, 2017

Via Certified Mail, Return Receipt Requested Tracking No. 70161970000088674633

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Articles of Amendment to Articles of Organization of Hair Mechanix, LLC

Dear Madam or Sir:

Re:

Enclosed please find original Articles of Amendment to Articles of Organization of Hair Mechanix, LLC, changing its entity name to HMX Jax Beach LLC. Our office serves as its Registered Agent. Also enclosed is our firm's Check No. 3214 in the amount of \$25.00 representing the filing fee for this matter.

Please direct any questions regarding the foregoing to our office.

Very truly yours,

Deborah A. Bowles

elouch ABCever

Paralegal

Enclosures

cc: Client

701 Market Street, Unit 109, St. Augustine, Florida 32095 Website www.CurtisFirm.com *Phone* (904) 819-6959 *Fax* (904) 819-6936

## COVER LETTER

10:		ion of Corp		
			HANIX, LLC	
SUBJEC	CT: _		Name c	f Limited Liability Company
The encl	losed A	Articles of A	Amendment and fee(s) an	e submitted for filing.
Please re	eturn a	ll correspor	ndence concerning this m	latter to the following:
			C. WILLIAM CURT	IS III, ESQ.
				Name of Person
			LAW OFFICES OF	URTIS & ASSOCIATES, P.A.
			<del></del>	Firm/Company
			701 MARKET STRE	II Eet, unit 109 I
				Address
			ST. AUGUSTINE, F	LORIDA 32095
				City/State and Zip Code
			BillCurtis@CurtisFirm	nlcom
For furth	ner info	ormation co	oncerning this matter, ple	
C. WILI	LIAM	CURTIS II	II	904 819-6959 at ( )
		Name of	Person	at () Area Code Daytime Telephone Number
Enclosed	l is a c	heck for the	e following amount:	
\$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Stat	
		Registra Divisior P.O. Bo	NG ADDRESS: ution Section n of Corporations x 6327 see, 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

HAIR MECHANIX, LLC		
( <u>Name of the Limi</u>	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
1	iability Company were filed on AUGUST 16, 2016	and assigned
Florida document number L16000153307		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
HMX JAX BEACH 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 applied	able:	EC. S
(Principal office address MUST BE A STREE	ET ADDRESS)	A THE
		SE O III
		EST D
Enter new mailing address, if applicable:		ORDE 2
(Mailing address MAY BE A POST OFFICE	BOX)	<u>≥</u> σ
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, effice address here:	enter the name of the ne
Name of New Registered Agent:		
Now Paristand Office Address		
New Registered Office Address:	Enter Florida street address	
		la
	City	Zip Code
Name Danistania di Alance di Contra		

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) authorize or removed from our records:		orized to manage, <u>enter the (</u>	to manage, enter the title, name, and address of each person being added	
MGR = N				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Remove	
<del></del>				
			Remove	
			Change	
			Add	
			□ Remove	
			Change	
			Remove	
			Change	
	· · ·		Add	
			☐ Remove	
			Change	
<del></del>				
			Remove	
			□ Change	

If amending any other informati	on, enter change(s) here: (Attach additio	anal shoots if no coverns )
tramenumg any other miorman	n, that change(s) here. (Amaen diamie	ma sneets, y necessary, j
		17 SE TA
<del></del>		F SP F
		S S S S
· · · · · · · · · · · · · · · · · · ·		ORIDA TE
		<u> </u>
ffective date, if other than the data effective date is listed, the date must be store: If the date inserted in this block ocument's effective date on the Dep	e specific and cannot be prior to date of filing or m k does not meet the applicable statutory filing	(optional) nore than 90 days after filing.) Pursuant to 605.0207 g requirements, this date will not be listed as
e record specifies a delayed of The 90th day after the recor		time, at 12:01 a.m. on the earlier of
ated AUGUST 28	2017	
_ Chi	<u> </u>	
	gnature of a member or authorized representative	or a member
C. WILLIAM CURTIS II	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	