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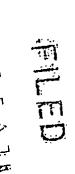
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## **COVER LETTER**

	egistration Se ivision of Cor		•			
SUBJECT	STORMIE	JOHNSON, LLC				
	•	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		STORMIE JOHNSON				
			Name of Person			ना
				- <del></del> -	)	
		4217 MAYFAIR LN	Firm/Company		<b>رج</b> 	FF
			<del></del>		· D	
		PORT ORANGE, FL 3212	Address		, E	
		STORMIE.H.JOHNSON@	City/State and Zip Code GMAIL.COM			
		E-mail address: (	to be used for future annual report	notification)		
For further	information c	oncerning this matter, please co	all:			
STORMII	NOSNHOLE		386 299-506	8		
	Name o	f Person		iytime Telephone Number		
Enclosed i	s a check for th	ne following amount:				
\$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

STORMIE JOHNSON, LLC							
(Name of the Lim	ited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited I	Liability Company	were filed on <u>08/17/2016</u>	and assigned				
This amendment is submitted to amend the fol	llowing:						
A. If amending name, enter the new name	of the limited liab	pility company here:					
THE PARLOR SALON, LLC							
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."				
Enter new principal offices address, if appli	1.163.W/ PA	149 W. INTERNATIONAL SPEED	W. INTERNATIONAL SPEEDWAY BLVD				
Principal office address MUST BE A STREET ADDRESS)		DAYTONA BEACH, FL 32114					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	F ROV)	149 W. INTERNATIONAL SPEED DAYTONA BEACH, FL 32114					
B. If amending the registered agent and	d/or registered o	ffice address on our records, <u>en</u>	ter the name of the no				
registered agent and/or the new registered o	office address her	<u>re</u> :					
Name of New Registered Agent:	N/A		;- œ				
New Registered Office Address:	N/A	Enter Florida street address					
	N/A ——————	Florida	1 N/A Zip Code				
		Cuy	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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address			Type of Actior
MGR	STORMIE H JOHNSON	4217 MAYFAIR LN			
	<del>,</del>	PORT ORANGE, FL 32129			
					Remove
MGR	CHRISTOPHER R JOHNSON	4217 MAYFAIR LN			
		PORT ORANGE, FL 32129			
					Remove
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			<u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>	- <u>Pt</u> -000	D_Add TTT
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	10/3/2018				
	late of filing:	or to date of filing or mor	(optio e than 90 davs after t	<b>nal)</b> filing.) Pursual	nt to 605.0207
Effective date, if other than the ditan effective date is listed, the date must	ck does not meet the appl	icable statutory filing	requirements, this	date will not	be listed as
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