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(Re	questor's Name)	
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## **COVER LETTER**

Division of Corp			
SUBJECT: A	inie's Uni	'sex Salon	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Robert	- A Bezeau	Tr
		Name of Person	<del></del>
	11001	Firm/Company	
	400 ( Wa	ishington st	
		Address	
	Hollywood	d, FL 3302	L
		d, FL 3302 City/State and Zip Code au & gmail	
		to be used for future annual report notific	cation)
	oncerning this matter, please ca		
Robert	4 Bezeau J	at (305) 747.  Area Code Daytime	9840
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th			
\$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:

TO:

Registration Section

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

Unisex 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 9-22-2016 and assigned Florida document number 616000 177.429 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 City 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

	authorized Person(s) authorized to mana om our records;	age, enter the title, name, and address of each	person being ad	de
MGR = Man AMBR = Aut	nager horized Member			
Title	Name Relentless Recovery Corp	<u>Address</u>	Type of Action	İ
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Filing Fee: \$25.00