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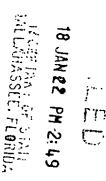
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

Office Use Only



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COVER LETTER

ТО	: Registration Se Division of Cor			
6111		is Lending, LLC		
SUI	вјест:	Name of Lim	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plea	ise return all correspo	ndence concerning this matter	to the following:	
		Cedric E. Nash		
		 	Name of Person	
			Firm/Company	
		6800 Gulfport Blvd #201-	329	
			Address	
		S. Pasadena, FL 33707		
		kjacobs@ocg-inc.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For	further information c	oncerning this matter, please c	all:	
Ced	lric E. Nash		510 390-2080 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enc	losed is 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)	☐ \$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

Communitas Lending, LLC		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L16000203527	ility Company were filed on 11/04/2016	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
t Salons, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
		30
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e address here:	the name of the new
Name of New Registered Agent:		3 T
New Registered Office Address:	Enter Florida street address	100 P
	omer r ibrida sireia adaress	9
-	, 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 Type of Action <u>Title</u> Name | <u>Address</u> _D Add ____ Change __□ Add __ 🗆 Remove _____ Change __ 🗆 Add ____ Remove Change

Change

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iffective date, if other than the date of filing: 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.) Pursulate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	an to 60

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00