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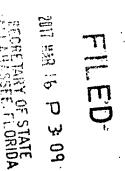
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S Warren MAR 1 7 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MINOY MUNOY Salon Studio, LLC 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:
Jennifer woulard Name of Person
Mirror Mirror Salon Studia LLC Firm/Company
P.D. Box 852 Address
Newberry FL 32669 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Woulard at 352 4948953 Name of Person at 352 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Solutio

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

MWD MINO Solo Studio, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(TTTOTAL STITLE 2	
The Articles of Organization for this Limited Liability Company	were filed on VCC 2016 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
Future and the address of applicables	Dn. 20x952
Enter new mailing address, if applicable:	P.D. BOX 852 Newserry FL 32669
(Mailing address MAY BE A POST OFFICE BOX)	1 KWENY, FC 321669
B. If amending the registered agent and/or registered of 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	iging Registered Agent, Signature of New Registered Agent
Page 1	F STA

in mitting

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
Ambr	Jennifer Noulard	24827 NW32ndAve	XAdd
		24827 NW32ndAve Newberry, FL 32669	□ Remove
. 1			□ Change
Mgy 1	Jenniter Wowland	24827 NW 32nd Ave	Add
	•	24827 NW 32rd Ave Newbarry, FL 321009	□ Remove
			Change
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ctive date, if other the effective date is listed, the	date must be specific and	d cannot be prior to	date of filing or more t	opt (opt han 90 days afte	er filing.) Purst	ant to 605.02
: If the date inserted in ment's effective date or	this block does not in the Department of S	meet the applicabl State's records.	e statutory filing red	quirements, th	is date will n	ot be listed
	-1	daka bb. dak	- effective time	or 13.01	+14	
ecord specifies a de e 90th day after th	ne record is filed.	oate, but not a	in enective time	e, at 12.01	a,111, 011 ti	ie earliei
218		20M				
3 9	<u> </u>	, 2017		<i>\$</i> :		
	2 NU Signature of a	member or authoriz	uland ed representative of a	member :		T
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Filing Fee: \$25.00

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