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SECRETARY OF STATE

S Warren MAR 0 6 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KEL Hair Design Name of Limit	ted Liability Company
Dear Sir or Madam:	,
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Melanie Dessave V Name of Person	
EDIC SOLON & SUITES Firm/Company	
4981 S. Cleveland AVP.	
FOX+ MIEVS P 3390 City/State and Zip Code	7_
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	l:
Melanic Dessavev at (39)	52) U & 2 4544 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company A Florida Limited Lia	as 1t now appears on obility Company)	ur records.)		
The Articles of Organization for this Limited Lie Florida document number		ere filed on <u>bn</u>	Jary 210,	2017and ass	igned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the we Enter new principal offices address, if applica (Principal office address MUST BE A STREE	able:	Company," the designat	ion "LLC" or the a	abbreviation "L.	L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			2017 FIGS -3 D III	
B. If amending the registered agent and/or registered agent and/or the new registered of		ce address on our			of the new
Name of New Registered Agent:	Melanit	L Dessau	e V		
New Registered Office Address:	600000	4981 S. Cl Enter Florida str	evelan	d Ave	<u> </u>
	FOUT M.	1evS City	, Florida _	3390 Zip Code	1

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Melanie Dessaver	4981 S. Cleveland Ave. Fort Myers Pl 33907	Add
			Remove
			Change
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octiv	e date, if other than the date of filing: MTCh 20 7 (optional)
ccu.	cuve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
n ene	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
1 e11e <u>te:</u>	•
1 e11e <u>te:</u>]	
te:	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
te:	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
rece	90th day after the record is filed.
rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. $\frac{2017}{}$
rece	March 1, $\frac{2017}{2000}$.
rece	March , 2017. Signature of a member or authorized representative of a member
rece	March , 2017. Signature of a member or authorized representative of a member
rec	March , 2017. Signature of a member or authorized representative of a member Well and Dessayer
rec	March , 2017. Signature of a member or authorized representative of a member

Filing Fee: \$25.00