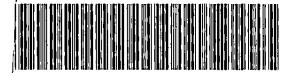
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(Address)				
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hairology LLC Name of Limited Liability Company SECRETARY SECRETARY SUBJECT: Hairology 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:
Traci Chesnut Name of Person
Hairology LLC
24850 Old 41 Rd. Suite 15
Bonita Springs FL 34135 Chylstate and Zin Code
Dor Ki H ed 0408 Gyahro Com 6-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Traci Chesnut at (239) 410-0033 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of
Check Paid already
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
[Fallahassee, FL 32301]

RECEIVER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hairoloau LL						
(Name of the Limited Liability Company as it now appears on our records.) (**Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L17000024906}$	vere filed on					
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 Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	24850 Old 41 Rd					
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34/35					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
registered agent and/or the new registered office address here	ice address on our records, enter the name of the new					
Name of New Registered Agent:	<u> </u>					
New Registered Office Address:	Enter Florida street address					
-	, Florida 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 p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is					
If Changing Registered Agent, Signature of New Registered Agent						
Page 1	of 3					

	from our records:	mage, <u>enter the ti</u>	le, name, and address or each	person being added
MGR = M AMBR = A	lanager authorized Member			
<u> Fitle</u>	<u>Name</u>	Address		Type of Action
AR	Denise Savinsky	4559	SierraLane	D Add
	-	Bonita	Springs, F23413	Remove
				Change
				Remove
				Change
				Add DIVIED OF Ghange HII: #0 Reffiove Reffiove
				Add F
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D. If amending any other information, enter change(s) here: (Attack	h additional sheets, if necessary.)				
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	TILEU TIUL 31 MII: 40 DIVISION OF COME GIAMORS				
	Slot T				
	SION OF COME				
	o				
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of f	(optional)				
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the				
discontant of creeking balle on the parameters in creeking and					
If the record specifies a delayed effective date, but not an effective date date date date date date date dat	ective time, at 12:01 a.m. on the earlier of:				
12-12-12					
Dated 7-12-14					
ANGOL (M. J.					
Signature of a member of authorized repre	SSCHALIVE OF A FRETHOCE				
I Vacu Chesa ut I Typed or printed name of	signee				
typed of printed name of	piece				
Page 3 of 3					

Filing Fee: \$25.00