

L17000024906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 JUL 31 AM 11:40  
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hairology LLC  
Name of Limited Liability Company

RECEIVED  
2017 JUL 31 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Firm/Company  
24850 Old 41 Rd. Suite 15  
Address  
Bonita Springs, FL 34135  
City/State and Zip Code  
Dorkified0408@yahoo.com  
E-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 Area Code Daytime Telephone Number

Enclosed is a check for the 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)

check paid already

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

05

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Hairology LLC

(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 1-31-17 and assigned  
Florida document number L17000024906

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)

24850 Old 41 Rd

Suite 15

Bonita Springs, FL 34135

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

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**

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17 JUL 31 AM 11:40  
DIVISION OF CORPORATE & FINANCIAL SERVICES

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>	<u>Address</u>	<u>Type of Action</u>
AR	Denise Savinsky	4559 Sierra Lane	<input type="checkbox"/> Add
		Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 JUL 31 AM 11:40  
DIVISION OF  
OPTIONAL  
RECORDS

FILED

DIVISION OF CONCORDATIONS

17 JUL 31 AM 11:40  
DIVISION OF CRIMINAL JUSTICE

FILED

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

7-12-17  
 [Signature]  
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Traci Chesnut

Typed or printed name of signee