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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

	egistration Sec ivision of Cor		*4.	i Se
14		oots Salon LLC	•	
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Meghan Sue Griffis		
			Name of Person	inotification) 88 Sytime Telephone Number \$60.00 Filing Fee, Certificate of Status &
		Southern Roots Salon LLC	:	
			Firm/Company	
		23610 NW 42nd Avenue		
		•	Address	
		Lawtey, Florida 32058		
			City/State and Zip Code	
		meghan.griffis@yahoo.com		
		E-mail address: (t	to be used for future annual report notific	rt notification) 88 aytime Telephone Number \$60.00 Filing Fee, Certificate of Status &
For further	information co	oncerning this matter, please ca	dl:	
Meghan S	ue Griffis		904 364-8788 at ()	
	Name of	Person		Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

Southern Roots Salon LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on March 1, 2017	and assigned
Florida document number L17000047657	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADL	ORESS)	
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		man and an analysis of the state of the stat
Enter new mailing address, if applicable:	•	Sales Control
(Mailing address MAY BE A POST OFFICE BOX)		1 10 ()
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		ರ
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	M. M
	, Florid	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Meghan S Griffis	23610 NW 42nd Avenue	■ Add
		Lawtey, Florida 32058	Remove
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Tective date, if other than the an effective date is listed, the date mote: If the date inserted in this becument's effective date on the I	st be specific a lock does not	nd cannot be pr meet the app	ior to date of fi	ling or more the	ian 90 days aft	tional) er filing.) Pur tis date will	suant to 605.02 not be listed
e record specifies a delaye The 90th day after the re	d effective cord is filed	date, but i	not an effe	ctive time	, at 12:01	a.m. on	the earlier
March 9	 	2017					

Page 3 of 3

Filing Fee: \$25.00