L17000062185

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(Address)
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(Document Number)
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FILED

2017 APR 27 PH 2: 44

SECRETARY OF STATE

ASECRETARY SEEF, FLORIDA

K. SALY MAY -1 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2017

EXTRAORDINARY HAIR EXTENTIONS, LLC 3630 LAKE LAWNE AVE ORLANDO, FL 32808

SUBJECT: EXTRAORDINARY HAIR EXTENTIONS, LLC

Ref. Number: L17000062185

We have received your document for EXTRAORDINARY HAIR EXTENTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill in the hi-lited areas.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00006470

2017 APR 27 AM ID: 4.1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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The Articles of Organization for this Limited Liability Company were filed on 63 Florida document number L17000062185 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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

Title MGR	Name Danell Williams	Address 2620 Lake Lawne	Type of Action
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ated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00