# L17000126918

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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

Divisio	m of Corp	orations				
TI SUBJECT:	NA'S FLII	AIR LLC				
iobanci:	<u>-</u>	Name of Limit	ed Liability Company			
The enclosed A	rticles of A	unendment and fee(s) are subm	nitted for filing.			
Please return all	Leorrespor	dence concerning this matter to	o the following:			
		LARAUNDA COOPER				
			Name of Person			
		TINA'S FLHAIR LLC				
		<u> </u>	Firm/Company	<del></del>		
		4417 W WISHART BLV.				
			Address			
		TAMPA/ FL./ 33603				
			City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notific	ation)	2917	
For further infe	ormation co	oncerning this matter, please ca	M:			
LARAUNDA	COOPER		813 735-7180 at ()		(6) N	1
	Name of	Person	Area Code Daytime	Felephone Number		111
Enclosed is a c	check for th	ie following amount:			ું પ	
■ \$25.00 Fili	ing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate ( Certified Co (additional co)	of Status &	

MAILING ADDRESS:

 $\mathbf{O}$ :

Registration Section

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

TINA'S FLHAIR 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  $\frac{06/09/2017}{}$ and assigned Florida document number <u>L17000126918</u> 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

#### 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

, Florida

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

### 4GR = Manager MBR = Authorized Member

<u> [itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LARAUNDA COOPER	1911 W. LEMON ST.	
		TAMPA, FL. 33606	Remove
			□ Change
	BRANDYE WILDS	1911 W. LEMON ST.	
		TAMPA, FL. 33606	
			Change
	STACIE WILDS	1911 LEMON ST	
		TAMPA ,FL. 33606	■ Remove
			□ Change
*****			∩ Add
			□ Remove
			Change
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		<del></del>	行立 会 () Eight Change
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			☐ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00