

L17000153640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

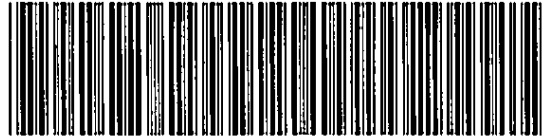
(Business Entity Name)

(Document Number)

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17 JUL 28 PM 4:35  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

S. WARREN

AUG 02 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FL 16 HR Hair Braiding Course and FL Cosmo Exam Pre Program  
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:

Sharon Johnson  
Name of Person

FL 16 HR Hair Braiding Course and FL  
Firm/Company Exam Prep Program

800 S. Hollybrook Dr.  
Address

Pembroke Pine FL 33025  
City/State and Zip Code

hair4u@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Johnson at (954) 829-6795  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

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

FL 16 HR Hair Braiding Course AND FL Exam Prep Program  
(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 July 18, 2017 and assigned  
Florida document number: L1700015364.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hair For You - EPP, LLC  
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)

800 S. Hellybrook Dr.  
Pembroke Pines FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 5342  
Hialeah, FL 33014

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.

Shawn Johnson  
If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA

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	Name	Address	Type of Action
Manager MGR	Sharon Johnson	800 S. Hollybrook Dr. Pembroke Pine FL 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Erwin Johnson	800 S. Hollybrook Dr. Pembroke Pine FL 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Erwin Johnson	800 S. Hollybrook Dr. Pembroke Pine FL 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

[illegible]

(b) The 90th day after the record is filed.

Dated 7/25/2017.

Signature of a member or authorized representative of a member

SHARON JOHNSON  
Typed or printed name of signee

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FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535