## U17000 162487

		ı	
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)	<del></del>	
(Cit	y/State/Zip/Phone #	f)	<u> </u>
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	<del>)</del>	<u>;                                    </u>
(Do	cument Number)		1
Certified Copies	_ Certificates o	of Status	<u>i</u> —
Special Instructions to	Filing Officer:		·  -  -
			1
			-
			1
	Office Use Only		



400307533764

01/10/18--01002--001 \*\*25.00

18 JAN ST PHIO: 19





## Academy of Beauty Culture

Registration Sections Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

01/04/2018

Division of Corporations,

Please review the attached information to add my business partner Cortnie Grno to MHN Academy of Beauty Culture, LLC as a MGR. Effective immediately.

If you should have any questions please call me at 407-376-5736 (Cell).

Sincerely,

Melinda Hardy Owner 101 E. Dakin Ave. Kissimmee, FL 34741

## COVER LETTER

TO: Registration Se Division of Cor			
shвтест: <del>ДДД</del>	Name of Lim	14 04 BlCu ited Gability Company	ety Culture, LIC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to <sup>'</sup> the following	
	Melinch	Name of Person	<del></del>
	MHN ACA	CEMU OF P	seauty Cuttere, LC
	T.3101	Dakin Au-	e
	Missim	City/State and Zip Code	34741
	OCCOLIN U E-mail addresss.0	be used for future annual report	1 Cultive amail.a
For further information co	oncerning this matter, please ca	ole <sup>†</sup>	
Cortne	Gracon Gresson	at (Hd7) 575 Ared Code Day	5-(917- extime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Se Division of Col Clifton Buildin 2061 Executive	rporations g
		Tallahassee, FL	_ 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

<del>.</del>	_ ]		
MHN Acaden	Liablidy Company :	Seauty Culture, (	JC
(\text{\tin}\text{\tin}\text{\ti}}\tint{\text{\text{\tin}\text{\text{\tin}\tint{\text{\text{\text{\texi}\text{\text{\text{\texi}\til\titt{\text{\texi}\tittitt{\text{\ti}\ti}\tittt{\text{\text{\ti}\tinttitt{\texitit{\text{\tii}\tiint{\text{\tii}}\ti	riorida Cimited Liab	anty Company)	
The Articles of Organization for this Limited Liab	vility Company yo	are filed on $\frac{413117}{}$ and as	eiował
11/2/2/2011		are fried on V V 11 1 and as	signed
Florida document number [ ] CO [ [	2010-7		
This amendment is submitted to amend the follow	ring:		
,	]		
A. If amending name, enter the new name of the	<u>ne limited liabilit</u>	y company here:	
	i		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	<u>ADĎRESS)</u>		
	_		<b>→</b>
			AR AR
Enter new mailing address, if applicable:			~ <del>~ \$</del> ₹_
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		<u>&amp;</u>
			<u> </u>
	ţ	Ţ	<u>ဂ</u> ် (၁)
		address on our records, enter the name	on the like
registered agent and/or the new registered office	<u>e address here</u> :		<i>™</i> ~ @
	ì	l.	
Name of New Registered Agent:		1	
New Registered Office Address:		1	
		Enter Florida street address	
		, Florida	
		City Zip Code	
New Registered Agent's Signature, if changing Reg	zistered 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

Page 1 of 3

	om our records:	nage, <u>ent<b>e</b>r t</u>	ne titte, name, and address of each	person being addi
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
MGL	Cortnie Erno	101 8	Dalin Ave.	🗹 Add
		his	Dalin Ave. Simmee, FL 3L	1741 Remove
	\		<del> </del>	Change
				☐ Remove
				Change
		1		Remove
		<del></del>		Change
				O Add
				□ Remove
				Change
				□ Add
		·		□ Remove
				Change
				🗖 Add
				□ Remove
				Change

		ter change(s) nere: [	(Attach additional si	neets, ij necessai	y.)
				<del></del>	
					<del></del>
<u> </u>	<u> </u>				
<del> </del>				<del> </del>	
		·			
<del></del>					<del></del>
		1			<del></del>
<del></del>	<del></del>				
		·			NA J.
					<b>ヹ</b> ゕ_
		` 			
		ı			PH IQ:
					•
		1			
in effective date is lis ote: If the date ins ocument's effective	ther than the date of ted, the date must be speci erted in this block does date on the Departmen	fic and cannot be prior to d not meet the applicable at of State's records.	e statutory filing requ	irements, this date	g.) Pursuant to 605.020 will not be listed t
	es a delayed effect fter the record is f		n effective time,	at 12:01 a.m.	on the earlier
rne 90th day a					

Filing Fee: \$25.00