

L17000

194 628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

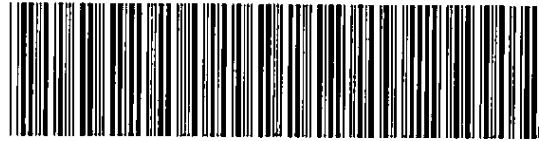
(Business Entity Name)

(Document Number)

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08/08/19 - 01017 - 020 **90.00

2019 AUG - 8 PM 5:58

FILED

C. GOLDEN

AUG 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYY TRAX HAIR STUDIO LLC
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:

Samantha Excell

Name of Person

Firm/Company

6080 NW 44th St unit 109

Address

Lauderhill, FL 33319

City/State and Zip Code

Skyytraxhair@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Excell

Name of Person

at

305

Area Code

915 3099

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

SKYY TRAXX HAIR STUDIO LLC

2019 AUG -8 PM 5:58

(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 09/19/2017 and assigned
Florida document number L17000194628

This amendment is submitted to amend the following:

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

SKYY TRAXX HAIR 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)

6635 W. Commercial blvd
suite 218
TAMARAC, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6635 W. Commercial blvd
Suite 218
TAMARAC, FL 33319

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:

Constance Nelson

New Registered Office Address:

6080 NW 44th St unit 109

Enter Florida street address

Lauderhill

City

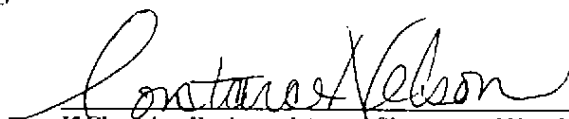
Florida

33319

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>	<u>Address</u>	<u>Type of Action</u>
President	Samantha Excell	P.O Box 590306	<input type="checkbox"/> Add
		Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33359	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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~~18 | 01 | 2019~~ ⁴

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____



Signature of a member or authorized representative of a member

Samantha Excell

Typed or printed name of signee