L17000204545

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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Special Instructions to Filing Officer:
Free Arrendment due
to wrong suffix on "LLC"



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Office Use Only

OCT 1 1 2017 K. Brumbley

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EXECUTIVE Hair Additions Inc. 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:	
Dianne Williams Name of Person	
Executive Hair Additions	
1580 NW 2nd Ave Suite 1	
60ca Raton Fl 33432 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	I
For further information concerning this matter, please call:	
Diarne Williams at Sol 417 - 2698 Name of Person Area Code Daytime Telephone Number	1
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certificate of Status Certificate of Status Certified Copy (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 ARTICLES OF ORGANIZATION Additions The Articles of Organization for this Limited Liability Company were filed on 1013 201 Florida document number <u>L17</u>000204545 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EXECUtive Hair Additions 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) 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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: or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Name Address Title _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change D Add □ Remove □ Change □ Add □ Remove ☐ Change ☐ Remove _ Change

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Note: If the c	e, if other than the te is listed, the date mu- ate inserted in this bl fective date on the D	lock does not meet i	the apolicable statu	itory filing requiren	(optional) days after filing.) Pursua sents, this date will no	nt to 605.020 t be listed a
ne record sp The 90th	ecifies a delayed day after the rec	d effective date ord is filed.	, but not an eff	ective time, at	12:01 a.m. on the	e earlier (
			<u> </u>			
Dated			1 2 111	_		
Dated		Signature of a memb	t authorized ren	iums resentative of a memb	er	

Page 3 of 3

Filing Fee: \$25.00