117000 220776

< i

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D. :
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600305817426

11/21/17--01030--002 **30.00



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: DUB	ai Virgin ha Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	LA-K-ei	ShA L. MOSI-e Name of Person	
	Dussi	Firm/Company	,Uc
	50 N. Lau	Address	00 #250143
	JAX, FL	City/State and Zip Code	
	Dubaivirgi E-mail address: (1	nhairshope Yaha	ation)
For further information con	cerning this matter, please ca	ill:	
LAKEISHA Name of P	Masley erson	at (904) The Area Code Daytime	5737 Felephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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 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

Couture V	in this Hair	CC C		
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	,		
The Articles of Organization for this Limited Liability Compan		e-25,7	and assigned عامر	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ibility company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Dubai Virgin	, hair s	Show	
(Principal office address MUST BE A STREET ADDRESS)	50 Hilaur	A St.	Sk:2500-20	50143
	JACKSONIN'			
		•		
Enter new mailing address, if applicable:	Du Bai Vira	nich nic	-shap	
(Mailing address MAY BE A POST OFFICE BOX)	(a) 1 1 - c c b se a con a conda	0143		
	JACKSONVIII	e, FL	39209-	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		cords, <u>enter</u>	the name of the no	<u>ew</u>
New Registered Office Address:	Enter Florida street	address	 	
	NIA.	Florida	N1-A-	
	City	,	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	nt:			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duti s provided for in Chapter	es, and I am 605, F.S. Or	familiar with and , if this document is	ie
			100 No.	
	V1+	7	7	
If CI	hanging Registered Agent, <u>Sign</u>	ature of New B	egistered/Agent 2	
Dog	o 1 of 2		***	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		ΛΙΔ	
			Remove
			Change
			□ Remove
			Change
			DAdd
			□ Remove
			Change
			☐ Remove
			Change
			— □ M id
			□-Remove.
			☐:Change
			⊡ Add
			□ Remove
			☐ Change

			`		
					
		· · · · · · · · · · · · · · · · · · ·			
•		-			
 					
				.	
					
			 		
	<u> </u>				
		- · · - · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·				
					_
Tective date, if other t	han the date of filing:	10/15/17	(optio	nal)	425.05
ote: If the date inserted	date must be specific and cannot in this block does not meet the	ne applicable statutory filir	nore than 90 days after t g requirements, this	filing.) Pursuant (date will not b	to 605.02 e listed
ocument's effective date	on the Department of State's	records.			
record specifies a	delayed effective date,	but not an offective	time at 12:01 a	m on the	aarliar
The 90th day after		but not an effective	time, at 12.01 a	.m. on the e	5 0 111C1
(, ,		_			
ated Notember	<u>- 11e . 20</u>	017.		1, 2	5
		- Look			1
 -	Signature of a member	er or authorized representative	of a member	- 12 	
	1		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· "
	<u>Canersh</u>	d or printed name of signee	<u>e</u> y	7.	<u> </u>
	i y pc				
	1,900		,	ယ့်	

Filing Fee: \$25.00