## L17000235904

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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November 30, 2017

MEGAN WHEELER TIMM 730 ROSADA ST SATELLITE BEACH, FL 32937 US

SUBJECT: HAIRSONG, LLC Ref. Number: L17000235904

We have received your document for HAIRSONG, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 717A00024163

Judy A Leggett
Regulatory Specialist II
Registration Section

Li AHASSEL - LOSIDA

www.sunbiz.org

## **COVER LETTER**

	Registration Division of C	i Section Corporations	
eun irc	Hairsong		
SUBJEC	.1:		any
The enclo	osed Articles	of Amendment and fee(s) are submitted for filing.	
Please re	turn all corre	spondence concerning this matter to the following:	
		Megan Wheeler Timm	
		Name of Per	rson
		Firm/Comp.	any
		Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Megan Wheeler Timm  Name of Person  Firm/Company  730 Rosada St  Address  Satellite Beach, FL 32937  City/State and Zip Code  megan2180@aol.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  num  at (678 )  Name of Person  Daytime Telephone Number  check for the following amount:	
		Address	
		Satellite Beach, FL 32937	
			ip Code
		<del>-</del>	e annual report notification)
For furth	er informatio	on concerning this matter, please call:	
Michael	J Timm		· · · · · · · · · · · · · · · · · · ·
	Nam	ne of Person Area Co	ode Daytime Telephone Number
Enclosed	is a check fo	or the following amount:	
\$25.0	00 Filing Fee	Certificate of Status Certified C	

MAILING ADDRESS:

414.0

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

Hairsong LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 1.17000235904	ere filed on November 15, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Hairsongs LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L1.C" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	1. 2. 	· 60 T
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		; 🗇
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2.9
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the	name of the no
Name of New Registered Agent:		
New Registered Office Address:	C Cl	
	Enter Florida street address	
	, Florida	in Code
	City Zi	p 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>	Address	Type of Action
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Effective date, if other than the after the date of the effective date is listed, the date of the effective date is listed.	he date of filing: nust be specific and cannot be prior to date of	(optional)  f filing or more than 90 days after filing.) P	ursuant to 605,020
	block does not meet the applicable state		
ne record specifies a delay The 90th day after the re	ed effective date, but not an ef ecord is filed.	fective time, at 12:01 a.m. or	ı the earlier o
Dated November 21	2017		
	No 1 de a 1 TO		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00