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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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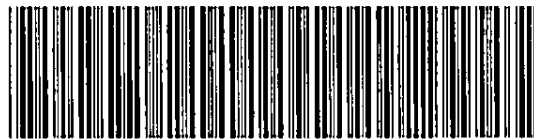
(Business Entity Name)

(Document Number)

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12/19/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FanayHairStudioLLC  
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:

Nareaka Davis  
Name of Person

FanayHair StudioLLC  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code  
Ms.NareakaDavis@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nareaka Davis at (323) 892-6208  
Name of Person Area Code 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  
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**

Fancy Hair Studio LLC

(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 November 17, 2017 and assigned Florida document number L17000237847.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

FILED  
SECRETARY OF STATE  
NOV 17 2017  
17 DEC 18 AM 2:19

**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

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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>                      |
|--------------|------------------|--------------------------|--------------------------------------------|
| MGR          | Stephanie Cortes | 4715 Broadway Blvd       | <input type="checkbox"/> Add               |
|              |                  | West Palm Beach FL 33404 | <input checked="" type="checkbox"/> Remove |
|              |                  | 3885 Investment Lane     | <input checked="" type="checkbox"/> Change |
| AMBR         | Nareaka Davis    | Riviera Beach FL 33404   | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |
|              |                  |                          | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |
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|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |
|              |                  |                          | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
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|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |

17 DEC 19 AM 2:19

17 DEC 18 AM 2:18

SECRETARY OF THE ARMY  
WASHINGTON, D.C.

**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 December 11, 2017

Nancy A Davis  
Signature of a member or authorized representative of a member

Nanaka Davis  
Typed or printed name of signee