117000239229

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Name Change

COVER LETTER

TO: Registration Section / Division of Corporations
SUBJECT: SALON PERFORMANCE PARTNERS, 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:
Nicholas Secord Name of Person
SALONUMBERS, LLC. Firm/Company
111 Second Avenue NE Suite 360 Address
St. PETERSBURG, FL 33701 City/State and Zip Code
nick (a) salanumbers com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Nick Second at (727) 362 - 6858 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sign Sign Sign Sign Sign Sign Sign Sign

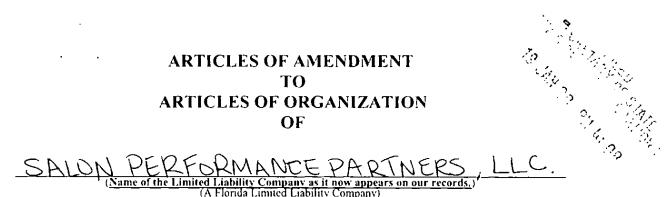
MAILING ADDRESS:

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



The Articles of Organization for this Limited Liability (Florida document number 1700023929	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
SALONUMBERS, LL	C
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ill Second Ave NE
(Principal office address MUST BE A STREET ADDI	St. Petersburg, FL 33701
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 Second Ave NE Suite 360 St. Petersburg, FL 33701
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> lress here:
Name of New Registered Agent:	
New Registered Office Address:	Second Avent Suite 360 Enter Florida street address
St	PCLCSVUYG Florida 3370 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

١

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			□ Add	
			□ Remove	
			Change	
			□ Remove	
			Change	
			Add	
			□ Remove	
			☐ Change	
			□ Add	
			☐ Remove	
			☐ Change	
			Remove	
			Change	
			☐ Remove	
			☐ Change	

If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effect Note: If	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	January 22. 2019.
	Signature of a member or authorized representative of a member
	Nicholas Secord Typed or printed name of signee

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Filing Fee: \$25.00