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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

		ration Sec on of Corp			
Sudiect			ES HAIR SALON LLC		
SUBJECT	•			ited Liability Company	
The enclose	ed Ai	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all	correspon	dence concerning this matter	to the following:	
				DERAVIL, MIRLANDA	
				Name of Person	
			FLI	P STYLES HAIR SALON LLC	
				Firm/Company	
				214 SE DUXBURY AVE	
				Address	
			Г	PORT ST LUCIE, FL 34983	
				City/State and Zip Code	
				mohairdesigns@gmail.com	
For further	infor	mation co	ncerning this matter, please ca	to be used for future annual report notiful:	ication)
	DE	RAVIL, N	MIRLANDA	772 985-4205	
		Name of	Person	at () Area Code Daytimo	: Telephone Number
Enclosed is	a ch	eck for the	e following amount:		
\$25.00	Filin	g 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

FLIP STY	YLES HAIR SALON LLC	
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000060685	Company were filed on 03/08/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	8 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ETARY OF STATE HASSEE. FLORIDA
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Emer 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>	Name	Address	Type of Action
MGR	LAROCHELLE, MICHLSON	34 VIRGINIA PARK BLVD	□ Add
		FORT PIERCE, FL 34947	■ Remove
			□ Change
MGR DERAVIL, M	DERAVIL, MIRLANDA	214 SE DUXBURY AVE	
		PORT ST LUCIE, FL 34983	☐ Remove
			■ Change
			□ Add
			Remove
			Change
		4	Add
			□ Remove
			Change
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		·	□ Remove
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			□ Add
		-	Remove
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te: lf	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil the date inserted in this block does not meet the applicable statutory filing requirements, this d	ing.) Pursuant to 605.03 ate will not be listed
umen	's effective date on the Department of State's records.	
reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.r	n. on the earlier
he 9	Oth day after the record is filed.	
	4/2 2018.	
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Page 3 of 3

Filing Fee: \$25.00