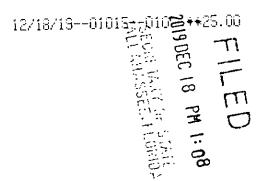
## L180000 69828

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





400337910684



Amend

JAN 1.7 7000 I ALBRITTON

## **COVER LETTER**

TO: Registration S Division of Co							
42.1.1.18.1.19.2.1975	IMPERIAL HAIR LLC						
SUBJECT:	Name of Lim	ited Liability Company	<del></del>				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	MARIO FERREIRAS						
	Name of Person						
	IMPERIAL HAIR LLC						
	Firm/Company						
	900 W LANDSTREET RD						
	Address						
	ORLANDO FL 32824						
	<del></del>	City/State and Zip Code					
	E-mail address: (	to be used for future annual report noti	fication)				
For further information	concerning this matter, please c	·					
MARIO FERREIRA		321 440-8692					
Name of Person		at () Area Code Daytim	e Telephone Number				
	a en t						
Enclosed is a check for	-		- aca ao mili				
□ \$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		Street Address: Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART		)RGANIZATIO )F	our records.)  1998  and assigned
	O	<b>, 1</b>	98 % (
IMPERIAL HAIR LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{03/19/}{}$	and assigned
Florida document number L18000069828	·		9.
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		900W LANDSTRE	ET RD
		ORLANDO FL 328	24
Enter new mailing address, if applicable:		900W LANDSTRE	ET RD
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO FL 328	24
B. If amending the registered agent and/or	registered office	address on our reco	rds, enter the name of the new registered
agent and/or the new registered office addre		addites on our reco	rus, enter the hame with hew registered
Name of New Registered Agent:	MARIO FERREIRAS		
New Registered Office Address:	900W LANDS	TREET RD	
	<del></del>	Enter Florida .	street address
	ORLANDO		, Florida 32824
		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>	Type of Action
AP	CHACON, JAVIER	13324 TWIN WOOD LN APT 1916	□Add
		ORLANDO, FL 32837	■Remove
			□ Change
MGR	OCHOA BERRIOS, DAMARIS C	13324 TWIN WOOD LN APT 1916	□Add
		ORLANDO FL 32837	=Remove
			□Change
MGR	MARIO FERREIRAS	900W LANDSTREET RD	<b>=</b> Add
		ORLANDO FL 32824	□Remove
			□Change
			□Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_\_\_\_ Signature of a member or authorized representative of a member MARIO FERREIRAS Typed or printed name of signee