# 11800122327

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<b>≥</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	ocument Number)	
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DIVISION OF CHARGEATION.

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## COVER LETTER

	Registration Se Division of Cor			
SUBJEC	=	Hair Studio, LLC		
., o ., o		Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Yuphin Scott		
		A Tropical Hair Studio, LI	Name of Person	
		2400 Mountain View Ave	Firm/Company	
		Melbourne, FL 32935	Address	<del></del>
		penny2son@yahoo.com	City/State and Zip Code	
For furth	r information o	E-mail address: () oncerning this matter, please or	to be used for future annual report notif	ication)
Yuphin S		oneering this matter, prease ec	321 243-8040	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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

A Tropical Hair Studio, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on May 16, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		38 8
(Principal office address MUST BE A STREET ADDRESS)		P 76
		7 585
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		01 3 411 10X 999 5 5 4 10X AM 7: 02
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del> </del>
	, 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P/V	Yuphin Scott	2400 Mountain View Ave	
			D Add
		Melbourne, FL 32935	
			Remove
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Filing Fee: \$25.00