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APPROVED

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	The He Name of Lim	air Store LL(ited Liability Company	•		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	\bigcirc_{CY}	stal Young		- >	
	The	Name of Person Have Store Firm/Company		2019 HAY 31	F 2
	H	ilbun Rd Apt Address	322	PM 12: 02	
	Tens acol	A, FL 32504		~ 72	
		City/State and Zip Code			
	E-mail address: (lice hatmail to be used for future annual report notifi	Com ication)		
Cryetal	concerning this matter, please concerning of Person	all: at (850) 495	- 962] e 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)	Sectificate of Certified Control (additional control)	of Status &	
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Hair	Store LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>ししまりのりするりも</u> 。	pany were filed on	$\int 2018$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited"	with Supply 11.C	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 HAY 81 PHII2:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		rds, enter the nam Rof the new
New Registered Office Address:	Enter Florida street add	
***	City	Florida 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 **Type of Action** Address **Title** <u>Name</u> □ Add ☐ Remove _□ Change _□ Remove __ Change □ Add □ Rænove 9 Change 🗖 Remove _□ Change □ Add □ Remove _____ □ Change _ 🗆 Add _____ Change

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	an effective date is listed, the date must be specific and cannot be prior to date of filing of more u	nan 90 days after filing.)	Pursuant to 60 vill not be lis	05.0207 sted as
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as				
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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.			_	l:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	: record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. o	in the eari	ner o
If an effective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Fursiant to 603.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as				
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective day after the record is filed.	ated 5 31 2019.			
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective day after the record is filed.	Signature of a member or authorized representative of a	member		

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Filing Fee: \$25.00