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(R	equestor's Name)	
(A	ddress)	
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(B)	usiness Entity Name)	
(D	ocument Number)	
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R. WHITE FEB 12 2020

COVER LETTER

TO	P: Registration Sec Division of Corp				
C1		GHT SALONS III LLC			
30	ВЈЕСТ:	Name of Lin	nited Liability Company	<u> </u>	
Th	e enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Plε	ease return all correspon	ndence concerning this matter	to the following:		
		JEREL TOMASELLO			
			Name of Person		
		SILVERLIGHT SALONS	III LLC		
			Firm/Company		
		405 S DALE MABRY HIGHWAY, SUITE 359			
			Address		
		TAMPA, FL 33609			
		JERELTOMASELLO@GN	City/State and Zip Code AAIL.COM		
		E-mail address: (to be used for future annual report notifi	ication)	
For	r further information ec	oncerning this matter, please or	all:		
JE	REL TOMASELLO		813 523-0610		
	Name of	Person	Area Code Daytime	Telephone Number	
Enc	closed is a check for the	e following amount:			
8	\$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 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

2020 371. 16 571 1:51

SILVERLIGHT SALONS III LLC			1.31
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	ecords,)
The Articles of Organization for this Limited L	iability Company	were filed on JUNE 18, 20	018 and assigned
Florida document numberL18000150039			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	207 N DALE MABRY HIGHWAY	
(Principal office address MUST BE A STREE	ET ADDRESS)	TAMPA, FL 33609	
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		405 S DALE MABRY HI	GHWAY, SUITE 359
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FL 33609	
B. If amending the registered agent and			cords, enter the name of th
registered agent and/or the new registered o	ffice address her	<u>'e</u> :	
Name of New Registered Agent:			
	JOS S DATEA	AABRY HIGHWAY, SUITE	.359
New Registered Office Address:	40.00 127112121		
New Registered Office Address:	44.7.67 127 117 10	Enter Florida street a	address
New Registered Office Address:	TAMPA		_, Florida 33609 Zip Code

thereby 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>	Address	Type of Action
AMBR	SILVERLIGHT SALONS LLC		Add
			Remove
		405 S Dale Mabry Hwy, Ste 359 Tampa, FL 33609	■ Change
			Add
			Remove
			□ Change
			☐ Remove
			☐ Change
		,	☐ Remove
			Change
		·	Add
			□ Remove
			Change
		-	
			□ Remove
			☐ Change

. Effect	ive date, if other than the date of filing: (optional)
Note:	rective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
[X-+	11/25/2019
Dated	— DocuSigned by:
	Livel tomasello
	6884BC5E780A4DF Signature of a partitler or authorized representative of a member
	JEREL TOMASELLO

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00