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DATE:

7/10/18

NAME:

WEST PARK BEAUTY SALON, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL/HODGE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST PARK BEAU	TY SALON, LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) pility Company)	<del></del>
The Articles of Organization for this Limited Liability Company we Florida document number L18000162012		and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
WEST_PARK_BEAUTY_SUPPLY_PLUS_, LLC	Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDRESS)		) ; ;
		7
	•	- 3
Enter new mailing address, if applicable:		=
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	e address on our records anter	the name of the name
registered agent and/or the new registered office address here:	c address on our records, enter	the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cay _	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>N</u> ame	Address	Type of Action
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 fote:  If the date inserted in this block does not meet the applicable statutory filing require occument's effective date on the Department of State's records.	(optional) 00 days after filing.) Pursuant to 605.02 ements, this date will not be listed a
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	: 12:01 a.m. on the earlier
ated July 9 2018.	
XILL A Signature of a member or authorized representative of a mem	ibei

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