

418000 213815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

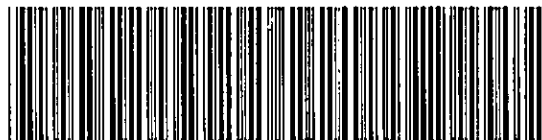
(Business Entity Name)

(Document Number)

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18 SEP 18 AM 6:17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

N COOPER

SEP 21 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Halo Tresses  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronique Cross  
Name of Person

Halo Tresses  
Firm/Company

P.O. Box 343333  
Address

Homestead, FL 33034  
City/State and Zip Code

itshalotresses@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronique Cross at (786) 728 10402  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 18 AM 6:18

Halo Tresses

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/7/18 and assigned  
Florida document number 180000213815

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2924 NE 3 Dr.

Homestead, FL 33033

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. BOX 343333

Homestead, FL 33034

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

~~Ronique Cross~~ ~~Ronique Cross~~ Ronique Cross

New Registered Office Address:

2924 NE 3 Dr.

Enter Florida street address

Homestead

City

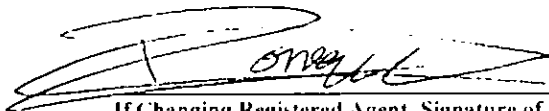
Florida

33033

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>	<u>Type of Action</u>
AMBR	Tanjeana Cross	733 SW 9th St.	<input type="checkbox"/> Add
		Florida City, Fl.	<input checked="" type="checkbox"/> Remove
		33034	<input type="checkbox"/> Change
MGR	Bonnie Cross	2924 NE 3 Dr.	<input type="checkbox"/> Add
		Homestead, Fl.	<input type="checkbox"/> Remove
		33033	<input checked="" type="checkbox"/> Change
MGR	Ashaunti Clem- ons	2720 NW 116th St.	<input type="checkbox"/> Add
		Miami Gardens, Fl.	<input type="checkbox"/> Remove
		33054	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 SEP 18 AM 6:17


SECRETARY OF COMMERCE  
DIVISION OF CONSTRUCTION  
18 SEP 18 AM 6:17

(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)

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 Sept. 13 2018

  
Signature of a Member or Officer

Signature of a member or authorized representative of a member

Ronique Cross  
Typed or printed

Typed or printed name of signee