118000226488

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nar | ne) |
| (Dx | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Div | ision of Cor | porations | | |
|----------------|---------------|---|---|---|
| UBJECT: | 352 HAIR I | DESIGNS LLC . | | |
| object. | - | Name of Lim | ited Liability Company | |
| he enclosed | LArticles of | Amendment and fee(s) are sub | mitted for filing | |
| | | ndence concerning this matter | | |
| rease return | an correspo | ndence concerning this matter | to the rollowing. | |
| | | ISMAIL A. TILLMAN | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 10517 SPRING HILL DR | | |
| | | | Address | |
| | | SPRING HILL, FL 34608 | | |
| | | ismailItillman@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | lication) |
| For further in | nformation co | oncerning this matter, please ca | all: | |
| ISMAIL A. | TILLMAN | | at (352) 403· 7 | 260 |
| * " * | Name o | f Person | | e Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 F | iling 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:

TO:

Registration Section

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



352 HAIR DESIGNS LLC

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

| | SPRING HILL City | Florida 34608 Zip Code |
|---|--|--|
| | | |
| | Enter F | lorida street address |
| New Registered Office Address: | 10517 SPRING HILL DR | |
| Name of New Registered Agent: | ISMAIL A. TILLMAN | |
| B. If amending the registered agent and registered agent and/or the new registered of | ••• | on our records, enter the name of the |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | |
| Enter new mailing address, if applicable: | | |
| (Principal office address MUST BE A STRE | <u> </u> | |
| Enter new principal offices address, if appli | | · |
| - | | - |
| N/A The new name must be distinguishable and contain the | words "Limited Liability Company." the | designation "LLC" or the abbreviation "L.L.C." |
| A. If amending name, enter the new name | of the limited liability company | <u>here</u> : |
| This amendment is submitted to amend the following | llowing: | |
| Florida document number 1.18000226488 | · | |
| 1.100000337.000 | Liability Company were filed on _ | <u>-</u> |

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> | <u>Address</u> | Type of Action |
|--------------|-------------------|-----------------------|----------------|
| MGRM | ISMAIL. A TILLMAN | 411 WALKER AVE | _ |
| | | | Add |
| | | BROOKSVILLE, FL 34601 | □ Remove |
| | | | |
| | | | ☐ Change |
| MGRM | ISMAIL ANTHONY | 411 WALKER AVE | |
| | | NIVANOVELLE DE 2 VAL | Add |
| | | BROOKSVILLE, FL 34601 | ■ Remove |
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| effective da e: If the d | | nust be specific and block does not r | I cannot be price neet the appli | cable statutory | or more than 90 of | |) Pursuant to 605.020 will not be listed a |
| | pecifies a delay day after the re | | | ot an effecti | ve time, at 1 | 2:01 a.m. | on the earlier (|
| ed OCT 30 | отн Д | | . 2018 | J. | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00