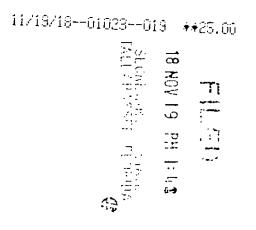
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Slims	Beauty Sup Name of Lim	Ply STUNL lited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Melissa	ROBERTS Name of Person	
		Name of Person	
		Firm/Company	
	10053 VICTORY	Gallop Loop Nation	R-337 3_
	Ruskin, Fl	3357 3 City/State and Zip Code	
-		2 yano, (On to be used for future annual report notific	cation)
For further information cone			
Melissa Ro Name of Pe	Bent>	at (954) - 317-9 Area Code Daytime	7532 Telephone Number
Enclosed is a check for the fe	ollowing amount:		
S25.00 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

Slims Beauty Supply Stop (Name of the Limited Liability Company as (A Florida Limited Liability	L it now appears on our records.) by Company)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>Likobb254569</u> .		77 and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the ab	obreviation "L.L.C.	
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:		- 60 	
New Registered Office Address:		12 JA	7)
	Enter Florida street address	9	
	, Florida	Zip Code-	
New Registered Agent's Signature, if changing Registered Agent:		Zip Code-	·
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provi	act in this capacity. I further ag ormance of my duties, and I am j	ree to comply t familiar with a	nd

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
MGL	Melissa Robarts	10053 victory Gallop Loop Nostin, FC 33573	D (Add
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			Change
			🗖 Add
			☐ Remove
			☐ Change
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an effecti lote: If to ocument e recor The 90	ve date is listed, the date inserted in 's effective date on d specifies a de	ate must be specification block does the Department elayed effection record is fi	ic and cannot be not meet the tof State's revenue. ve date, be led.	applicable statu cords. ut not an eff	tory filing requit	90 days after filin rements, this dat	g.) Pursuant to e will not be	listed as

Filing Fee: \$25.00