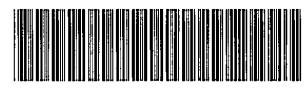
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Division of Corporations DAVIS AND COMPANY HAIR STUDIO, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TANIKA M. HARRIS Name of Person Firm/Company 9961-5 SAN JOSE BLVD - SUITE 211 Address JACKSONVILLE, FL 32257 City/State and Zip Code INFO.ETFS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **BELINDA HAYNES** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **\$60.00** Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION FILED OF

2020 NOV -2 PM 5: 50

DAVIS HAIR SALON & COMPANY, LLC

(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 4/29/2019	and assigne		
Florida document number L19000114986				
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: AVIS AND COMPANY HAIR STUDIO, LLC The menting address, if applicable: Inincipal office address if applicable: Inincipal office address in applicable: Inincipal office ad				
A. If amending name, enter the new name of the limited liab	oility company here:	the abbreviation "L.L.C.		
DAVIS AND COMPANY HAIR STUDIO, LLC	me of the limited liability company here: LLC In the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C. Implicable: 9961-5 SAN JOSE BLVD SUITE 211 JACKSONVILLE, FL 32257 PREET ADDRESS BY 19 PROSPERITY LAKE DRIVE JACKONVILLE, FL 32244 Mor registered office address on our records, enter the name of the new reddress here: Enter Florida street address Florida Enter Florida street address			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C.		
Enter new principal offices address, if applicable:	L19000114986 ted to amend the following: ter the new name of the limited liability company here: IAIR STUDIO, LLC ishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C. es address, if applicable: MUST BE A STREET ADDRESS SUITE 211 JACKSONVILLE, FL 32257 ss, if applicable: EA POST OFFICE BOX) JACKONVILLE, FL 32244 dered agent and/or registered office address on our records, enter the name of the new reistered office address here: Ingistered Agent: Office Address:			
(Principal office address MUST BE A STREET ADDRESS)	CLUTE 311			
	JACKSONVILLE, FL 32257			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new re		
New Registered Office Address:	Enter Florida street address			
	Florida			
	City	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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

'<u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
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an effective date is listed,	the date must be specific	and cannot be prior to o		90 days after filing.) Pursuant to	
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ocument's effective day	e of the Department of	n state's records.			
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