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COVER LETTER

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eno ie	CTP.		Salon, LLC					
SUBJE	CI:		Name of Lim	ited Liability Company				
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn	all correspo	ondence concerning this matter	to the following:				
			Vincent J Gregory					
				Name of Person		-		
			Studio V13 Salon					
				Firm/Company		-		
			6900 Bay Dr.Apt 3F					
				Address				
			Miami Beach, FL 33141					
				City/State and Zip Code		•		
			studiov13salon@gmail.com E-mail address: (to be used for future annual rep	ort notification)			
For furtl	her in	formation c	oncerning this matter, please c	·				
Vincent	t Greg	gory		515 729-8	469			
•	· <u>·</u>	Name o	f Person	at () Area Code	Daytime Telephone Number			
Enclose	d is a	check for th	ne following amount:					
\$25.	.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	rd) Certified	ite of Status &		
			ING ADDRESS:	STREET/C Registration	COURIER ADDRESS:			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Studio V13 Salon, 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 05/28/2012118 AUG 15 P and Estigned			
Florida document number 1.19000141778	SEČRETARY OF STATE TALLAHASSEE, FLORIDA			
This amendment is submitted to amend the following:	IALLAHASSEE, FLORIDA			
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	7403 Collins Avenue.			
(Principal office address MUST BE A STREET ADDRESS)	Ste. 113			
	Miami Beach, FL 33141			
Enter new mailing address, if applicable:	6900 Bay Dr.			
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 3F			
	Miami Beach, FL 33141			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, enter the name of the nev			
New Registered Office Address:	Enter Florida street address			
	Florido			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

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 adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Vincent Gregory	6900 Bay Dr.	Add
		Apt 3F	
		Miami Beach, FL 33141	Change of the control
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			Remove
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