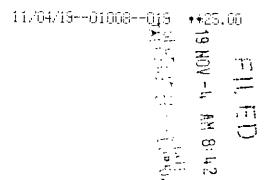
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COVER LETTER

ro:	Registration Se Division of Cor			
erun III.		S SALON, LLC		
SUBJE	C1:	Name of Limi	ited Liability Company	· · · ·
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		CRYSTEL PIERRE-LOUI	S	
		CRYSTEL'S SALON, LLC	Name of Person	
		6700 SW 9TH PL	Firm/Company	.
		NORTH LAUDERDALE.	Address FL 33068	
		crystelgousse@hotmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please ca	all:	
CRYST	EL PIERRE-LO	uis	954 268-5248 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
= \$25	.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:

TO:

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

CRYSTEL'S SALON, LLC		
(Name of the Limi	ted Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L		TEMBER 20, 2019 and assigned
Torida document number L19000238083		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here	:
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u>.</u>
Principal office address MUST BE A STREE	ET ADDRESS)	22 to 25
		<u> </u>
		1
Enter new mailing address, if applicable:		- T
Mailing address MAY BE A POST OFFICE		<u> </u>
Training address Mile Billia God God and		
	 	÷
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		our records, enter the name of the
Name of New Registered Agent.		
New Registered Office Address:	6700 SW 9TH PL	a street address
	NORTH LAUDERDALE	a street address, Florida 33068
	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 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.

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>	Address	Type of Action
MGR	FENEL ALDAJUSTE		
		6700 SW 9TH PL N. LAUDERDALE, FL 33068	■ Remove
			Change
			□ Remove
			☐ Change
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fective date, if other than n effective date is listed, the date: If the date inserted in the cument's effective date on	te must be specific and his block does not n	cannot be prior to oneet the applicable	date of filing or more e statutory filing t	(option than 90 days after equirements, this	tiling.) Pu	irsuant to l not be	o 605.02 : listed
record specifies a del The 90th day after the		late, but not a	in effective tin	ne, at 12:01 a	ı.m. on	the e	arlier
OCTOBER 30TH		2019					

Page 3 of 3

Filing Fee: \$25.00