## L200000 15934

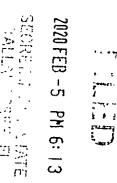
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O SIMMONS MAR 0 2 2020

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		•
SUBJECT: The		es A Roul Mitchellity Company	hell Focus Salon, LLC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bryan	Name of Person	
		Firm/Company	PARTO
	2950 La	peer Rd	
	Heather E-mail address:	City/State and Zip Code	aulnitchell.edu
For further information co	oncerning this matter, please ca	all:	
Bryan Bl	Person	at ( <u>810</u> ) <u>310 -</u> Area Code Daytime	Tetephone Number
Enclosed is a check for th	e 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 Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	-	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Jan 9, 2000 and assigned

The Salon Waster A Faul Mitchell Focus Salon, UC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L200000 15934</u>		·				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	liability company here	:				
The new name must be distinguishable and contain the words "Limited I	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRES:	<u></u>					
		020 33				
Enter new mailing address, if applicable:		i di				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>				
		<u> </u>				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	City	, Florida				
New Registered Agent's Signature, if changing Registered Ag	•	zą, couc				
	<del></del>					
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of m t as provided for in Ch	y duties, and I am familiar with and appear 605, F.S. Or, if this document is				
Īf	Changing Registered Agen	t, 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
AMBR	Petros, Brana	3375 Vardon Dr.	🗆 Add
		Pachester Hills, MI	Remove
		118307	□Change
AMBR	Petros, Corey	3375 Vardon Dr.	□Add
		Rochester Hills, MI	<b>∠</b> Remove
		48307	□Change
AMBR	Logagito, Surah A	quy capistrano St.	□Add
		unit 8503	Remove
		suples, PL 34113	□Change
<del></del>			□Add
		MLA	Remove
			8-5-0Add 1
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			□Remove
			☐ Change

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Filing Fee: \$25.00