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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Zazzi Lash	Studio LLC
Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for tiling.
Please return all correspondence concerning this ma	otter to the following:
<u> Yadira</u>	Name of Person
	Firm/Company
2136 4	4th St SW Address
Naples Vadiva	FL 34116 City/State and Zip Code  City/State and Zip Code
For further information concerning this matter, plea	ise call:
Yadira Casanola Name of Person	at ( Z39) 316 - Ø149 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	s Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Zazzi Lash	Studio LC
(A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 1-29-70 and assigned
Florida document number <u>L Z O O O 36 1</u>	<u>7</u> 0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
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 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.

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 added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mak	<u>Yadira</u> casanola	2136 44th St Sw naples Fl, 34116	Þ≪∧dd
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			□Change

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Note: If the	te, if other than the date of filing:
f the record speci ecord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>FC</u>	bruary 11th. 2020.
	Teen
<del></del>	Signature of a member or authorized representative of a member
	No. 1 is Cossission
_	Typed or printed name of signee

Filing Fee: \$25.00