h20000394014

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TET TED E

COVER LETTER

Division of Co	rporations	·	•	
Lola's Spa	& Hair Studio LJ.C			
SUBJECT:	Name of Lim			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
·	_	-		
	Josue Batista			
		Name of Person		
	His & Hers Hair Studios I.	L.C		
		Firm/Company		
	3104 Grandiflora Drive			
		Address		
	Greenacres, Florida, 33467			
		City/State and Zip Code		
	hisnhershairstudios@gmail.	.com to be used for future annual report notif	ication)	
For further information	concerning this matter, please c			Zů2l
Josue Batista		561 618-0093		=
Name	of Person	at () Area Code Daytime	Telephone Number	- 2
Enclosed is a check for t	the following amount:			∧ II: 21
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy fadditional copy is	tatus &
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction	

Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lola's Spa & Hair Studio LLC		
(Name of the Limited L (A F	Jability Company as it now appears on our records.) Plorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L20000394014	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)	
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>enter the nar</u> ere:	ne of the new registered
Name of New Registered Agent:		13 67
New Registered Office Address:	Enter Florida street address	A []
-	, Florida	Zip Code (17)
	***¥	

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 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>	Name	Address	Type of Action
AMBR	Dolores Batista	3104 Grandiflora drive	≡ ∧dd
		Greenacres, Florida , 33467	□Remove
			□Change
			□Add
		***************************************	□Remove
			☐ Change
			□ Add
			S Remove
			FilChange .
			DAdd 1.7
			P □Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change.

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Filing Fee: \$25.00