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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CMS Hair Lounge LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
NEKISKA /SUVKO Name of Person	
CMS Hair Lounge 210	
210 N terry Apre Apt 3	
OV 1000 F1 32801 City/State and Zip Code	ı
E-mail address: (to be used for future annual report notification) SPECIA 1572 AND	z Vi
For further information concerning this matter, please call:	ĩ
Nelusha Burko at 321, 746 0789 Name of Person Area Code Eastime Telephone Number	•

ANTICLES OF ABICOPOLED I

TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on April 12,202 and assigned Florida document number L2 000 68 b 5 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 Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida	(Name of the Limited Liability Compa (A Florida Limited I	ounge LLC ny as it nov appears on our records.) Jability Company)	
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 Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liability Company Florida document number $LZ/OO/OOO$	were filed on $4pril/2,202$	and assigned
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new principal offices address, if applicable:	300harga	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:	(Principal office address MUST BE A STREET ADDRESS)		
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			
New Registered Office Address: Enter Florida street address Florida Florida		address on our records, <u>enter the name</u>	e of the new registered
Enter Florida street address . Florida . Florida .	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida street address	<u> </u>
			20 Co. I.

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, enter the title, name, and address of each person—being added or removed from our records: ...

. . MGR = Manager AMBR = Authorized Member Title Address Type of Action Name MGR JUSTYCBURKE 210N terry treft:30Add
Orlando F132801 XRemo MGR NeKISTA Burke 210 N Terry Ave \$3 Madd

Orlando Fl 32801 __ Remove _____ □Change _____ □Remove _____ □Add _ □Change □ Remove

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). If an	ending any other information, enter change(s) here: (Attach additional sheets, if neces,	sary.)	
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(If an e <u>Note</u>	tive date, if other than the date of filing:	ling.) Pursuant to 605.02	
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	The 90th day after th	he
Dated	Ayust 4 2001.	F6271	
	Signature of a member or authorized representative of a member	•	:
	Nekisha Burke	به به * به سور * به	
	Typed or printed name of signee		

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Filing Fee: \$25.00