## L22000255885

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CHRISTINE SKIN AND HAIR LICE 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:
JAMES R. STINE CPA Name of Person
HARRELL, STINE + ASSOCIATES LLC Firm/Company
337 S PLANTAVE
TAMPA, FL 33606  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 304-2798  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status  Certificate of Status  (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTING SKIN AND A	Laip U.S.	SEi
CHRISTINE SKIN AND LANGE (Name of the Limited Liability Companion (A Florida Limited Liability Company was Florida document number 422000255885	y as it now appears on our records.) ability Company)	9-9
The Amielson of Open circuits for this Living Hills Cons	06/03/2077	2
The Articles of Organization for this Limited Liability Company w	vere filed on and ass	igned -
Florida document number <u>L 22000 255 885</u>		17. W
This amendment is submitted to amend the following:	•	- · ·
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	C. "de de d	
Enter new principal offices address, if applicable:	2908 WEST GANDY BLUE SUITE C TAMPA, FL 3361	7.
(Principal office address MUST BE A STREET ADDRESS)	SUITE C	
	TAMPA, FL 3361	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
inding dutiess shift int at toot of the pon	-	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new	v registered
Name of New Registered Agent:		
New Registered Office Address:		
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar wit rovided for in Chapter 605, F.S. Or, if this docu	h and ment is

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is	listed, the date must be spe	ecific and cannot be p		or more than 90 days afte	er filing.) Pursuant to	
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Filing Fee: \$25.00