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(20), 2002-20	
PICK-UP WAIT MAIL	
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COVER LETTER

FO: Registration Sec Division of Corp		:	
SUBJECT: The	ben Salon Name of Limi	ited Liability Company	<u>·</u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Elyle Taylor	Name of Person	-
		Firm/Company	
	26050 Sand	Hill Blvd. 4AZ Address	
		a. FL 33983 City/State and Zip Code	
	Mrs. elyle to	o be used for future annual report notifical	nion)
For further information con	ncerning this matter, please ca	II:	
Flyse Tayl Name of 1	Person	at (<u>237)</u> 351. F Area Code Daytime Te	5310 Elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$\sqrt{\$530.00}\$ 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 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 OF

FILED

2072 JUL 27 PH 2: 41

(<u>Name of the Limited</u> (A	Liability Company as it now appears on our recomes. Florida Limited Liability Company)	LAHASSEE, FL
The Articles of Organization for this Limited Liab	· · · ——	22 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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 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
MGR	Elyse Taylor	25050 Sandhill Blvd.	X\dd
		YAZ	🗆 Remove
		Punta Goda, Fl 33983	□Change
			□Add
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Filing Fee: \$25.00