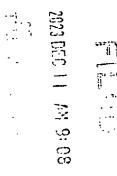
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COVER LETTER

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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section Division of Corporations		
SUBJECT: Superstur	Santon Salon Name of Limited Liability Company	4
The enclosed Articles of Amendment and fee	c(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
- Mon	Callegori Name of Person	
Supers	Har Salon Firm/Company	
<u>360 5</u>	lakeview dr. uni	ita, Luke Han Helen, Fl 32744
	Helen/FL 32 City/State and Zip Code	744
<u>Called</u>	air M. M. M. D. J. Mail. L.	OM otification)
For further information concerning this matte	er, please call:	
Monica Callegari Name of Person	at (386) 476 Area Code Dayti	ime Telephone Number
Enclosed is a check for the following amount		
S25.00 Filing Fee S30.00 Filing Certificate o		☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration S	ection

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability of the Liability of the Limited Liability of the Liability	ilon,	LL(•		
¹ (<u>Name of the Limited Liability (</u> A Florida Li	Company as it now a mited Liability Comp	appears on our i	records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L2320006580L</u> .	npany were filed e	on <u>Decem</u>	iber 28th	1 2013 and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability compa	nv here:			
he new name must be distinguishable and contain the words "Limited	d Liability Company,	" the designation	v"LLC" or the	abbreviation "L.	.L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>				
Salara and an alliana and decrease (Compalicable)				2073 DEC	الآن المناطقة الأن المناطقة المناطقة
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on o	our records, g	enter the na	me of the new	, ∂ registere
Name of New Registered Agent:			· -		
New Registered Office Address:	Ente	er Florida street	address		
			Florida _		
	City			Zip Code	
New Registered Agent's Signature, if changing Registered A	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Monica Callegari	360 S laveriew or unit 2. lake FL, 32744	L TárAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		1 -11	□Remove
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Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. We record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed. Dated Dated Dated The Market Address of a member The Market Address of a member of a me		
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Filing Fee: \$25.00