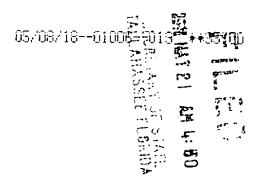
# M16000009439

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	•	
	:	
	<del></del>	

Office Use Only



400313041044



HAY 23 20:79 J. HARRIS

#### **COVER LETTER**

TO: Registration Division of C					
SUBJECT:		DINGS LLC			
	Name of Foreign i	Limited Liability Compa	iny		
Dear Sir or Madam:					
The enclosed applica	ation, certificate and fee(s) are	e submitted for filing.			
Please return all corr	espondence concerning this r	natter to the following:			
Kn	Name of Person	·			
	Name of Person				
- HAI	RSANITY LLC				
	Firm/Company		2 ر	20	
200	S. BRIDGE S	TREET	EVET VI	IIB HAN	RE
	Address		ASS.	[] []	
ELK	G CM MOT	1691	mc ma F	DEPARTMENT	ï,
	City/State and Zip Code				C
Kmack	ie @ advisory bog o be used for future annual re	irdinc.com			
E-maii address: (6	o de usea for future annual re	port notification)			
For further information	ion concerning this matter, pl	ease call:			
KATI	LY MACKIE :	1,410,392	-0177		
Nam	e of Person	Area Code & Daytime	e Telephone Number		
STREET/C Registration Division of C Clifton Build	Corporations	Registra	NG ADDRESS: ation Section n of Corporations ox 6327		
2661 Execut	ive Center Circle Florida 32301	Tallahas	ssee, Florida 32314		
Enclosed is a check \$25 Filing Fee	for the following amount: \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of St	tatus &	
CR2E055 (9/15)	Sent previously		221111111111111111111111111111111111111		



May 10, 2018

KATHY MACKIE 200 S BRIDGE ST ELKTON, MD 21921

SUBJECT: H PLUS HOLDINGS LLC

Ref. Number: M16000009439

We have received your document for H PLUS HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 118A00009748

www.sunbiz.org

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears State: HPCUS HO	s on the records of the F DCD1 NGS LL	
	JCB(1003 20	<u> </u>
Enter new principal office address, if applicable:		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		AH.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HASSET BEAT
2. The Florida document number of this limited lia	bility company is:	M16000009439
Jurisdiction of its organization:	DELAWARE	
4. Date authorized to do business in Florida:	11/23/2	016
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: (mus		ility Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	naging members adopti	sacting business in Florida and attach a ng the alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r Florida Street Address
	<i>C</i> !h	, Florida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in the and complete performa ered agent as provided in the registered office	nis capacity. I further agree to comply with unce of my duties, and I am familiar with for in Chapter 605, F.S. Or, if this

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
tle/ Capacity	<u>Name</u>	Address	Type of Action
	·		Add
			Remove
			Add
		<del></del>	Remove
			Add
			Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
aforementioned an	Signature of the	he official having custody of reco	rds in the SSE FLORAR

Filing Fee: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "H PLUS HOLDINGS LLC", CHANGING ITS NAME FROM "H PLUS HOLDINGS LLC" TO "HAIRSANITY LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2018, AT 2:42 O'CLOCK P.M.



Authentication: 202417319

Date: 03-29-18

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

the limited liability read as follows:	company is hereb
MEDEOE the undersioned how	a avacuted this Cartificat
day of March	, A.D. 2018
By: Stept	- A blokend
	read as follows: LLC  /HEREOF, the undersigned hav