



05812052

AZ CORPORATION COMMISSION
FILED

FEB 03 2017

FILE NO. 118061912AZ CORPORATION COMMISSION
FILED

FEB 09 2017

FILE NO. 118061912

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR AZC USE ONLY.

ARTICLES OF AMENDMENT

Read the Instructions 1015

1. ENTITY NAME - give the exact name of the LLC as currently shown in A.C.C. records:

XXCO'S HAIR SUPPLY LLC

2. A.C.C. FILE NUMBER: 118061912

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.com/COMPANY/lookup.asp>

**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

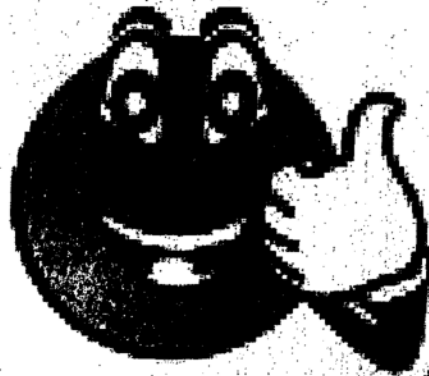
3. ☒ ENTITY NAME CHANGE - type or print the exact NEW name of the LLC in the space below:

ZZ BEAUTY NATION, LLC

4. ☐ MEMBERS CHANGE (CHANGE IN MEMBERS) - see Instructions 1015 - Use one block per person - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS - in a separate block, list the name in the NEW Name block and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form 1004.

AKOFA LOKOSSOU <small>Name currently shown in A.C.C. records</small>		Name currently shown in A.C.C. records	
NEW Name		NEW Name	
Address 1 10121 W. PAYSON RD		Address 1	
Address 2 (optional)		Address 2 (optional)	
City AZ	State or Province 85353	City	State or Province
Country UNITED STATES		Country	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member	
Name currently shown in A.C.C. records		Name currently shown in A.C.C. records	
NEW Name		NEW Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State or Province	City	State or Province
Country		Country	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member	

HEADS UP



☒ BAD QUALITY/DOC SIZE

☐ INCOMPLETE DOCUMENT RECEIVED

☐ WRONG FORM

☐ NO PAYMENT

☐ INSUFICIENT MOD ACCOUNT

☐ INACTIVE MOD ACCOUNT

☐ WRONG MOD AMOUNT IN COVERSHEET

☐ WRONG MOD ACCOUNT NUMBER

☐ NO COVERSHEET

☐ OTHER:

DATE:

INITIAL:

5. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS)** - Use one block per person - FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. FOR NEW MANAGERS - in a separate block, list the name in the NEW Name block and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Managers form L043.

Name currently shown in ACC records		Name currently shown in ACC records	
NEW Name		NEW Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State or Province	City	State or Province
Country		Country	
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager	<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager
<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager	<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager

6. ☐ **MANAGEMENT STRUCTURE CHANGE** - see Instructions L015 - check only one box below and follow instructions:
- ☐ **CHANGING TO MANAGER-MANAGED LLC** - complete and attach the Manager Structure Attachment form L040. The filing will be rejected if it is submitted without the attachment.
 - ☐ **CHANGING TO MEMBER-MANAGED LLC** - complete and attach the Member Structure Attachment form L041. The filing will be rejected if it is submitted without the attachment.

7. ☐ **STATUTORY AGENT CHANGE - NEW AGENT APPOINTED** - see Instructions L015b

<p>7.1 REQUIRED - give the agent (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:</p> <p>Statutory Agent Name (required)</p> <p>Address (optional)</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State Zip</p>	<p>7.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):</p> <p>Address (optional)</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State Zip</p>
<p>7.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.</p>	

8. ☐ **STATUTORY AGENT ADDRESS CHANGE - ADDRESS OF CURRENT STATUTORY AGENT** - complete 8.1 and/or 8.2

<p>8.1 NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:</p> <p>Address (optional)</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State Zip</p>	<p>8.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):</p> <p>Address (optional)</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State Zip</p>
--	--

9. ☐ **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:**

9.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

- ☒ Yes - go to number 10 and continue
☐ No - go to number 9.2 and continue

9.2 If you answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Name (optional)			
Address 1			
Address 2 (optional)			
City	State or Province	Zip	
Country			

10. ☐ **DURATION CHANGE** - check one to indicate the NEW duration or life period of the LLC:

- ☒ Perpetual
☐ The LLC's life period will end on this date: _____ (enter a date - mm/dd/yy)
☐ The LLC's life period will end upon the occurrence of this event: _____ (describe an event)

11. ☐ **ENTITY TYPE CHANGE** - if changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC - number 12 must also be completed.
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

12. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the NEW type of professional services the professional LLC will render:

13. ☐ **OTHER AMENDMENT** - if an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

 ☒ I ACCEPT
AKOFA LOKOSSOU **9-3-17**
(Signature) (Date mm/dd/yy)

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> This is a manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named: AKOFA LOKOSSOU	<input type="checkbox"/> This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named:
--	---

Filing Fee: \$25.00 (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see instructions.
Mail: Arizona Corporation Commission - Corporate Filings Section
 1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-6100
Please be advised that A.C.C. only accepts only the documents and information required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
 All documents filed with the Arizona Corporation Commission are public records and are open for public inspection.
 If you have questions after reading the instructions, please call 602-542-3111; or (toll-free Arizona only) 800-345-5111.



05805825

**AZ CORPORATION COMMISSION
FILED**

FEB 03 2017

FILE NO. 118061912

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ARTICLES OF AMENDMENT*Read the Instructions (015)*

1. **ENTITY NAME** - give the exact name of the LLC as currently shown in A.C.C. records:

XXXX'S HAIR SUPPLY LLC

2. **A.C.C. FILE NUMBER:** 118061912

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Corporations/corporations>

**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

3. ☒ **ENTITY NAME CHANGE** - type or print the exact NEW name of the LLC in the space below:

ZZ BEAUTY NATION, LLC

4. ☐ **MEMBERS CHANGE (CHANGE IN MEMBERS)** - see *Instructions (015)* - Use one block per person - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS - in a separate block, list the name in the NEW Name block and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form 1844.

AKOFA LOKOSSOU <small>Name currently shown in A.C.C. records</small>		<small>Name currently shown in A.C.C. records</small>	
NEW Name		NEW Name	
Address 1 10121 W. PAYSON RD <small>Address 2 (optional)</small>		Address 1	
City UNITED STATES	State or Province AZ	City	State or Province
Country <input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		Country <input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member	
<small>Name currently shown in A.C.C. records</small>		<small>Name currently shown in A.C.C. records</small>	
NEW Name		NEW Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State or Province	City	State or Province
Country <input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		Country <input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member	

5. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS)** - Use one block per person - FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. FOR NEW MANAGERS - in a separate block, list the name in the NEW Name block and give the address, and check the appropriate box. If more space is needed, complete and attach the Attachment Attachment for Managers, form L043.

Name currently shown in ACC records		Name currently shown in ACC records	
NEW Name		NEW Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State or Province	City	State or Province
Country		Country	
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager	<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager
<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager	<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager

6. ☐ **MANAGEMENT STRUCTURE CHANGE** - see Instructions L015 - check only one box below and follow instructions:
- ☐ **CHANGING TO MANAGER-MANAGED LLC** - complete and attach the Manager Structure Attachment form L040. The filing will be rejected if it is submitted without the attachment.
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7. ☐ **STATUTORY AGENT CHANGE - NEW AGENT APPOINTED** - see Instructions L015b

<p>7.1 REQUIRED - give the agent (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:</p> <p>Statutory Agent Name (required)</p> <p>Address (optional)</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State Zip</p>	<p>7.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):</p> <p>Address (optional)</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State Zip</p>
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8. ☐ **STATUTORY AGENT ADDRESS CHANGE - ADDRESS OF CURRENT STATUTORY AGENT** - complete 8.1 and/or 8.2:

<p>8.1 NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:</p> <p>Address (optional)</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State Zip</p>	<p>8.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):</p> <p>Address (optional)</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State Zip</p>
--	--

9. ☐ **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:**

9.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

- ☒ Yes - go to number 10 and continue
☐ No - go to number 9.2 and continue

9.2 If you answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Address 1 (required)		
Address 2 (optional)		
Address 3 (optional)		
City	State or Possession	Zip
Country		

10. ☐ **DURATION CHANGE** - check one to indicate the NEW duration or life period of the LLC:

- ☒ Perpetual
☐ The LLC's life period will end on this date: _____ (enter a date - mm/dd/yy)
☐ The LLC's life period will end upon the occurrence of this event: _____ (describe an event)

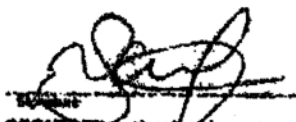
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 ☒ **I ACCEPT**
AKOFA LOKOSSOU 9-3-17
(date (mm/dd/yy))

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> This is a manager-managed LLC and I am signing individually as a manager (or I am) signing for an entity manager named: AKOFA LOKOSSOU	<input type="checkbox"/> This is a member-managed LLC and I am signing individually as a member (or I am) signing for an entity member named:
---	---

Filing Fee: \$25.00 (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see instructions.
Notice is given that LLCs are subject to the provisions required by statute. You should take private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public records and are open for public inspection.
If you have questions after reading the instructions, please call 602-542-3121 in (toll-free Arizona only) 800-345-5822.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

COMMISSIONERS
TOM FORESE - Chairman
BOB BURNS
DOUG LITTLE
ANDY TOBIN
BOYD DUNN



ARIZONA CORPORATION COMMISSION

TED VOGT
Executive Director
PATRICIA L. BARFIELD
Director
Corporations Division

COCO'S HAIR SUPPLY LLC
10121 W PAYSON ROAD

TOLLESON, AZ 85353

Effective Date: 02/07/2017
File No: L-1806191-2

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is **REJECTED** and being returned for the following reasons:

Document are not fully legible
- *The document should be typewritten or printed and should be legible. Please resubmit clear and legible documents. Pursuant to ARS 10-120, all documents must be legible for microfilm.
- #4 please mark a box to indicate the change being made for Akofa Lokossou

IMPORTANT INFORMATION:

Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Limited Liability Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

- Return the following information to the Corporations Division:
1. A copy of this letter and all pages of the rejected document.
 2. The corrected document, NEW Cover Sheet, plus any additional paperwork or filing fees, as requested within this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment

to documentintake@azcc.gov.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO <http://ecorp.azcc.gov>. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD, THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.

COMMISSIONERS
TOM FORESE - Chairman
BOB BURNS
DOUG LITTLE
ANDY TOBIN
BOYD DUNN



ARIZONA CORPORATION COMMISSION

TED VOGT
Executive Director
PATRICIA L. BARFIELD
Director
Corporations Division

COCO'S HAIR SUPPLY LLC
10121 W PAYSON ROAD

TOLLESON, AZ 85353

Effective Date: 02/07/2017
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Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.

RECEIVED

JAN 31 2017

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT
** ORDER COPIES USING A RECORDS REQUEST FORM **

WHAT ARE YOU FILING?

☐ New Entity ☒ Changes to existing entity ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

COCO'S Hair Supply

EXPEDITED PROCESSING?

☒ YES - add \$35 to the filing fee ☐ NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

PAYMENT:

☐ MOD Account #: Total amount to deduct:

Cash - do not mail cash. Cash may be used only for in-person submittals.
Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).
Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input checked="" type="checkbox"/> Email	Email address: <u>AKOFA12@gmail.com</u>
<input type="checkbox"/> Pick up	Name: <u>AKOFA Lokasson</u> Phone: <u>602-349-8198</u>
<input type="checkbox"/> Mail	Address: <u>10121 W. Payson Rd</u>
	City: <u>Tolleson</u> State: <u>AZ</u> Zip: <u>85353</u>
	Phone: <u>602-349-8198</u>

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY:

DATE:

View current processing times at: www.azcc.gov/Divisions/Corporations/Document-processing-times.pdf

RECEIVED

JAN 24 2017

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

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** ORDER COPIES USING A RECORDS REQUEST FORM **

WHAT ARE YOU FILING?

☐ New Entity ☒ Changes to existing entity ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

Coco's Hair Supply

EXPEDITED PROCESSING?

☒ YES - add \$35 to the filing fee ☐ NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

PAYMENT:

☐ MOD Account #:

Total amount to deduct:

Cash - do not mail cash. Cash may be used only for in-person submittals.
Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).
Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input checked="" type="checkbox"/> Email	Email address: <u>AKOFA12@gmail.com</u>
<input type="checkbox"/> Pick up	Name: <u>AKOFA Lokoson</u> Phone: <u>602-349-8198</u>
<input type="checkbox"/> Mail	Address: <u>10121 W. Payson Rd</u>
	City: <u>Tolleson</u> State: <u>AZ</u> Zip: <u>85353</u>
	Phone: <u>602-349-8198</u>

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY:

DATE:

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