

L1300007252Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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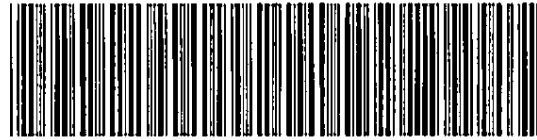
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

US
2/16/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C&C'S THE HAIRCUTTING PLACE LLC

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:

HOLLIE CHESSHER

Name of Person

Firm/Company

3500 SHIREY CT

Address

CRESTVIEW FL 32539

City/State and Zip Code

HOLLIECHESSHER@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

HOLLIE CHESSHER

850 758-9424
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 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**

C&C'S THE HAIRCUTTING PLACE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/16/2013 and assigned
Florida document number L13000072522.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOLLIE'S HAIRCUTTING PLACE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

649 N FERDON

CRESTVIEW FL 32536

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

649 N FERDON

CRESTVIEW FL 32536

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HOLLIE CHIESSHER

New Registered Office Address:

3500 SHIREY COURT

Enter Florida street address

CRESTVIEW

Florida 32539

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.


Hollie Chesser
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>	<u>Address</u>	<u>Type of Action</u>
MGR	KRISTA COLLIER	2400 SUZANNE DR	☐ Add
		CRESTVIEW FL 32536	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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2020 DEC 28 PM 3:04
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TALLAHASSEE, FL

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2020 DEC 28 PM 3:04
CLERK OF DISTRICT COURT
JANUARY 1, 2021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12-23-2020

Hollie Chessner
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

HOLLIE CHESHER

Typed or printed name of signee

Filing Fee: \$25.00