

h20000260085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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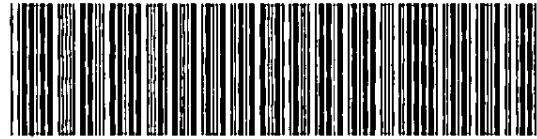
(Business Entity Name)

(Document Number)

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A. 3/17/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

FINE LINE HAIR DESIGN, LLC

SUBJECT: \_\_\_\_\_  
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:

Mike Kocher

\_\_\_\_\_  
Name of Person

FINE LINE HAIR DESIGN, LLC

\_\_\_\_\_  
Firm/Company

4315 - 55th Way North

\_\_\_\_\_  
Address

Kenneth City, FL 33709

\_\_\_\_\_  
City/State and Zip Code

mike@micris.com

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

For further information concerning this matter, please call:

Mike Kocher

727

688-3200

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**

FINE LINE HAIR DESIGN, 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 8/21/2020 and assigned  
Florida document number L20000260085.

This amendment is submitted to amend the following:

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

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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 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>
AMBR	Lynn Kocher	4315-55th Way North	<input checked="" type="checkbox"/> Add
		Kenneth City, FL 33709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mike Kocher	4315-55th Way North	<input checked="" type="checkbox"/> Add
		Kenneth City, FL 33709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

1. What is the main purpose of the study?  
 The main purpose of the study is to investigate the effects of a new educational program on student learning outcomes.

2. What are the research objectives?  
 The research objectives are to determine the effectiveness of the program, to compare student performance before and after the intervention, and to identify factors that influence learning outcomes.

3. What is the significance of the study?  
 The study is significant because it provides valuable insights into the effectiveness of the new educational program, which can inform future educational practices and policy decisions.

4. What are the limitations of the study?  
 The limitations of the study include a small sample size, a short duration of the intervention, and the potential for external factors to influence the results.

5. What are the conclusions of the study?  
 The conclusions of the study are that the new educational program had a positive effect on student learning outcomes, but further research is needed to confirm these findings and to explore the long-term effects of the program.

(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 (3)(b)

If the 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee