

214000 171490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

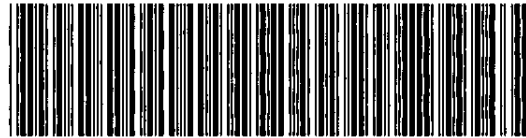
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers NOV 20 2014

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: A. K. A. Innovative Hair Studio, 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:

Alexys Oyer
Name of Person

Firm/Company

479. E. Maine Ave
Address

Longwood FL 32750
City/State and Zip Code

Alexys anne@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexys Oyer at 407 739-0596
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

A.K.A. Innovative Hair Studio LLC

amending name, enter the new name of the limited liability company here:
Shear Serenity Hair Studio LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Shirley Katherine Parker	1532 Cougar Court Casselberry FL 32707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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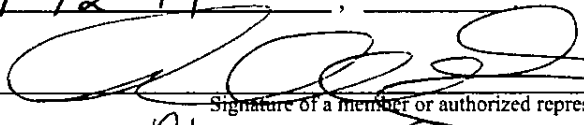
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11-12-14, _____




Signature of a member or authorized representative of a member
Alexys Oyer

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Changing name of LLC, and removing
mnger Kay Parker because she backed
out of deal.



Alexys Oyer
11-12-14 # L14000171490

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TALLAHASSEE, FLORIDA