

L05000021650

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FILED  
10 MAY 28 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 01 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The HAIR ZONE 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:

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

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

\_\_\_\_\_  
Address

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

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

For further information concerning this matter, please call:

\_\_\_\_\_ 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)

*only*

☒ \$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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The Hair Zone L.L.C.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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10 MAY 28 PM 12:34  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 2005 and assigned  
Florida document number L05000021650

This amendment is submitted to amend the following:

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

BAREN'S HAIR STUDIO L.L.C.  
The new name must be distinguishable and end with 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:

BAREN JOHANNES VAN HEERDEN

New Registered Office Address:

1155 MALABAR RD NE SUIT 4

Enter Florida street address

PALM BAY, Florida 32907  
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 608, 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.

Baren Johannes Van Heerden  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

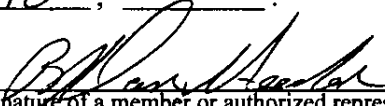
Title	Name	Address	Type of Action
MGR	CLAUDIA ADAMS	1563 GA 1563 GAYNOR DR SW PALM BAY FL 32908	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CADY LAUREN <del>GAFFNEY</del>	47 ANNETTE DR MELBOURNE FL 32904	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BAREN J. VAN HEERDEN	295 LAGO CIRCLE APT 102 MELBOURNE FL 32904	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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JUDICIAL CIRCUIT IN  
FLORIDA  
PALM BEACH COUNTY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 5/26/2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
BAREN JOHANNES VAN HEERDEN  
\_\_\_\_\_  
Typed or printed name of signee