

L05000079649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

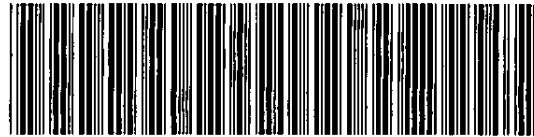
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700154179457

~~04/30/09--01019--004 \*\*25.00~~

04/30/09--01019--004 \*\*25.00

FILED  
09 APR 30 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 1-2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAIR Trends 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:

Roxanne Kapon  
(Name of Person)  
Hair Trends LLC  
(Firm/Company)  
379 SW. North Quick circle  
(Address)  
P.S.L. FL, 34953  
(City/State and Zip Code)

FILED  
09 APR 30 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Roxanne Kapon at (772) 528-6758  
(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Hair Trends LLC

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

FILED  
09 APR 30 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/10/2005

Florida document number L05000079649

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 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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

452 SE Airview Ave  
Port St. Lucie, FL  
34984

**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:

Joseph Matthew Rappaport

New Registered Office Address:

1006 SE PSL Blvd

(Enter Florida street address)

Port Saint Lucie

(City)

, Florida

34953

(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.

(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 Manager Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Roxanne Kapon	379 SW. North Quick Circle P.S.L. FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
-----	---------------	---	--

MGR	Joseph Matthew Rappaport	2082 SE Wald Street Port Saint Lucie FL 34984	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	--------------------------	---	--

MGRM	Katherine Mary Maloy	452 S.E. Airview Ave Port St. Lucie FL 34984	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
------	----------------------	--	--

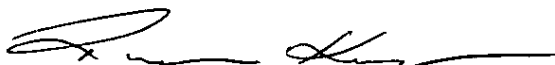
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

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

Dated 04/27/2009



Signature of a member or authorized representative of a member

Roxanne Kapon

Typed or printed name of signee

FILED  
09 APR 30 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA