## L060000083699

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## **COVER LETTER**

Division of Cor	porations						
SURJECT: UPSCA	LE BARBERSHOP	. LLC					
SUBJECT. S. S.	(Name of Limited Liability Company)						
	•	• • •					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	MELISSA UTSET						
		(Name of Person)					
		,					
UPSCALE BARBERSHOP, LLC							
	(Firm/Company)						
				CR SE	71		
	2751 TAMIAMI TRAIL, UNIT A				-		
		(Address)		100 SEP 22 F SECRETARY C			
	DODT CHADLOTTE EL	OBIDA 22052		P 2: 49 OF STATE E. FLORIDA			
	PORT CHARLOTTE, FLORIDA 33952 (City/State and Zip Code)			- Est 5			
		4 1 Sea 11 5779	,	器 5			
For further information of	concerning this matter, please c	alle		<b>D</b>			
Tot farmer intermation c	oncerning and matter, prease c	411.	, •				
LUIS RIVERA		at ( 941 ) 276-6062					
(Name	of Person)	(Area Code & Daytime T	elephone Num	iber)			
Enclosed is a check for the	he following amount:						
2 \$25.00 Filing Fee	□\$30.00 Filing Fee &			Filing Fee,			
	Certificate of Status	Certified Copy (additional copy is enclosed)		Certificate of Status & Certified Copy			
		(additional copy is eliciosed)		onal copy is enclo	osed)		
			`		•		

TO:

**Registration Section** 

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

UPSCALE BARBERSHOP, LLC		
( <u>Name of the Limitec</u> (A	Liability Company as it now appe A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited L	iability Company were filed on 05	/08/2003 and assigned
Florida document number <u>L06000083699</u>	·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company he	ere:
The new name must be distinguishable and end wi	ith the words "I imited I ishility Com	none," the designation "I I C" or the abbreviation
'L.L.C."	in the words Elimited Liability Comp	sarry, the designation LLC of the above viation
Enter new principal offices address, if applic	cable:	7008 7008
Principal office address MUST BE A STREE	ET ADDRESS)	ECRET THE LAND THE LA
		SEP 22 AHASSEI
Enter new mailing address, if applicable:		TO \$19.4
Mailing address MAY BE A POST OFFICE		F STI
		2: 49 STATE LORIDA
B. If amending the registered agent and registered agent and/or the new registered o		our records, enter the name of the nev
Name of New Registered Agent:	MELISSA UTSET	
New Registered Office Address:	2751 TAMIAMI TRAIL, UNIT A	<b>\</b>
	(.	Enter Florida street address)
	PORT CHARLOTTE	, Florida <u>33952</u>
	(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.

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DIANNE UTSET	PO BOX 495697 PORT CHARLOTTE, FLORIDA 33949	Add Remove
MGR	MELISSA UTSET	2751 TAMIAMI TRAIL, UNIT A PORT CHARLOTTE, FLORIDA 33952	Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
		<b>&gt;</b>	
Dated	SEPTEMBER 18 , 2008  Signature of a member	er or authorized representative of a member	
		MELISSA UTSET d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00