

LD 000/00330

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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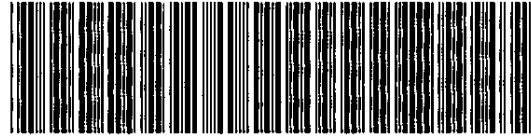
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**G. MCLEOD**

AUG - 3 2010

**EXAMINER**



700183642277

08/02/10--01008--022 \*\*30.00

FILED  
10 AUG - 2 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Riley + Company Hair 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:

T. Gray Ames  
Name of Person

Riley + Company Hair LLC  
Firm/Company

13735 US Hwy 441 suite #3  
Address

Lady Lake, FL 32159  
City/State and Zip Code

Coconuts30embargo@mail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

T. Gray Ames at (352) 433-8728  
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**

Riley & Company Hair 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 10/13/2006 and assigned Florida document number L06000100330.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:

T. Gray Ames MGR

New Registered Office Address:

13735 US Hwy 441

Enter Florida street address

Lady Lake  
City

Florida

32759  
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.

T. Gray Ames  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kelly MORGAN	13121 Bernice Ave Sumatilla, FL 32784	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	T. Gray Ames	132 Randle Ave Oak Hill, FL 32759	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kalyn N. MORGAN	13121 Bernice Ave Sumatilla, FL 32784	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sarah Gray Ames	16585 S.E. 102 Ave Rd. Summerfield, FL 34491	<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

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

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

Dated

July 20th, 2010

Kalyn N. Morgan

Signature of a member or authorized representative of a member

Kalyn N. Morgan

Typed or printed name of signee