

L07000044479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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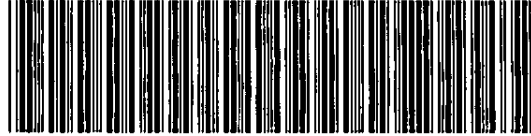
(Business Entity Name)

(Document Number)

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STATE (ANY OF STATE)
TALLAHASSEE, FLORIDA

01/19/16--01011--004 **25.00

K. SALLY
EXAMINER
JAN 21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SABRINA CYR 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:

W HENRY OCONNELL

Name of Person

W H OCONNELL & ASSOCIATES PA

Firm/Company

2825 LEWIS SPEEDWAY SUITE 104

Address

ST AUGUSTINE, FL 32084

City/State and Zip Code

henry@whocpa.com

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

For further information concerning this matter, please call:

W HENRY OCONNELL

904

829-0082

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)

☐ \$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**

SABRINA CYR LLC

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

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2016 JAN 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 27 2007 and assigned
Florida document number L07000044479.

This amendment is submitted to amend the following:

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

HAIR BY SABRINA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

800 FAVER DYKES RD

(Principal office address MUST BE A STREET ADDRESS)

ST AUGUSTINE FL 32086

Enter new mailing address, if applicable:

800 FAVER DYKES RD

(Mailing address MAY BE A POST OFFICE BOX)

ST AUGUSTINE FL 32086

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:

SABRINA HIERS

New Registered Office Address:

800 FAVER DYKES RD

Enter Florida street address

800 Faver Dykes Road

ST AUGUSTINE

City

Florida 32086

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	SABRINA HIERS	800 FAVOR DYKES RD	<input type="checkbox"/> Add
		ST AUGUSTINE FL 32086	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2019 JAN 19 PM 12:57
CLERK OF DISTRICT COURT
TALAHASSEE, FL

2016 JAN 19 PM 4:05
SECURITY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 JAN 19 PM 12:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 6, 2016

Signature of a member or author

Signature of a member or authorized representative of a member

SABRINA HIRS

Typed or printed name of signee