

LOT0000019862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

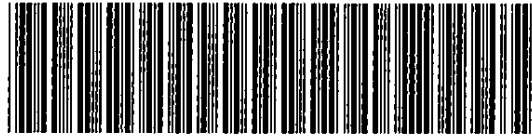
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAY 15 PM 3:29

G. MCLEOD

MAY 16 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT

Bay Lawn Shark, LLC
(Name of Limited Liability Company)

The enclosed articles of Amendment and fee(s) are submitted for filing.

Please refer all correspondence concerning this matter to the following:

Clifton Oenbrink

(Name of Person)

The Arbor Barber, LLC

(Firm/Company)

6917 Yellow Bluff Rd
(Address)

Panama City, FL 32404
(City/State and Zip Code)

For information concerning this matter, please call:

Clifton Oenbrink
(Name of Person)

at 850.832-3102
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAY 15 PM 3:29

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bay Lawn Shark, 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 7/2/2007 and assigned
Florida document number L070000069862

This amendment is submitted to amend the following:

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

Arbor Barber, LLC

Name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation

new principal offices address, if applicable:

(principal office address MUST BE A STREET ADDRESS)

6917 Yellow Bluff Rd.
Panama City, FL
32404

new mailing address, if applicable:

(mailing address MAY BE A POST OFFICE BOX)

6917 Yellow Bluff Rd.
Panama City, FL 32404

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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida _____
(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

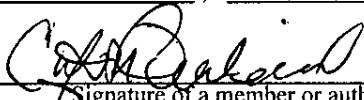
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

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

Dated _____



 Signature of a member or authorized representative of a member
 Clifton Oenbrink

 Typed or printed name of signee