

LD7000089162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

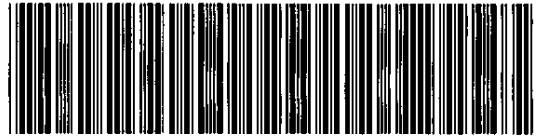
(Business Entity Name)

(Document Number)

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05/26/09--01016--019 **30.00

FILED
2009 MAY 26 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 27 2009
EXAMINER

Java Laboratories

May 20, 2009

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee FL 32314

Re: Document Number: L07000089162

To Whom It May Concern:

Enclosed is an amendment to the article of incorporation for CATALYST HAIR CARE PRODUCTS, LLC.

We wish to change the name to: JAVA LABORATORIES, LLC.

We also wish to change the Registered Agent as well.

The appropriate documents with signatures and a check in the amount of \$30 for filing fee and certificate of status is enclosed.

Please send a letter of acknowledgement to the following address:

Joseph T Owens

c/o ESI

8610 Isleworth Ct Suite 304

Raleigh NC 27617

Tel: 919 450 0030

Thank You


Joseph T Owens

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATALYST HAIR CARE PRODUCTS 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:

JOSEPH T OWENS
Name of Person

JAVA LABORATORIES, LLC
Firm/Company

11030 RCA CENTER DR STE 3015
Address

PALM BEACH GARDENS FL 33418
City/State and Zip Code

JOWENS@JAVALABORATORIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH T OWENS at (561) 214 1000
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

FILED

CATALYST HAIR CARE PRODUCTS, LLC

2009 MAY 26 PM 2:34

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Nov 9, 2007 and assigned
Florida document number L07000089162.

This amendment is submitted to amend the following:

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

JAVA LABORATORIES, LLC

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)

11030 RCA CENTER DR
STE 3015
PALM BEACH GARDENS FL 33418

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11030 RCA CENTER DR
STE 3015
PALM BEACH GARDENS FL 33418

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:

STEVE SHAPIRO

New Registered Office Address:

11030 RCA CENTER DR STE 3015

Enter Florida street address

PALM BEACH GARDENS, Florida 33418
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

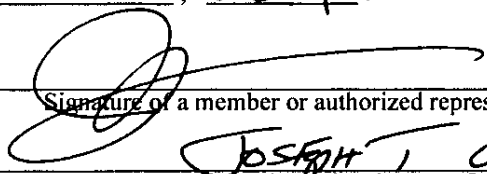
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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
			<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 May 20, 2009.


Signature of a member or authorized representative of a member
JOSEPH T. OWENS
Typed or printed name of signee

2009 MAY 26 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED