

LD7000113955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

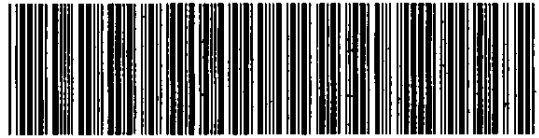
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 MAY 17 AM 7:14

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Hollywood Celebrity Styles 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:

**Kellen Bryant, Esq.**

Name of Person

**Law Office of R. Kellen Bryant, P.L.**

Firm/Company

**2033 Flesher Ave.**

Address

**Jacksonville, FL 32207**

City/State and Zip Code

**scline@superiorfla.com**

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

For further information concerning this matter, please call:

**Kellen Bryant**

Name of Person

at ( **904** )

**399-2829**

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

Hollywood Celebrity Styles LLC

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 17 AM 7:14

The Articles of Organization for this Limited Liability Company were filed on Nov. 13, 2007 and assigned  
Florida document number L07000113955.

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)

187 Crown Wheel Cir  
Fruit Cove, FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

187 Crown Wheel Cir  
Fruit Cove, FL 32259

**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:

Shanna Clinie

New Registered Office Address:

187 Crown Wheel Cir

Enter Florida street address

Fruit Cove

City

, Florida

32259

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.

Shanna Clinie  
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>                                                      |
|--------------|--------------------|----------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | Shanna Cline       | 187 Crown Wheel Cir<br>Fruit Cove, FL 32259  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Marianne M. Altman | 4564 Rosewood Ave.<br>Jacksonville, FL 32207 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                    |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

Dated May 13, 2010.

Shanna Cline

Signature of a member or authorized representative of a member

Shanna Cline

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00