

L08000052172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200184836002

09/01/10--01009--023 **30.00

FILED
10 SEP -1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 2 - 2010

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: STR8ENDZ, L.L.C.
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:

AMAT JAH0
Name of Person
STR8ENDZ SALON
Firm/Company
8471 Baywood Vista Dr
Address
Orlando, FL, 32810
City/State and Zip Code
armandjah0@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amat Jah0 at (407) 927-1282
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**

STR8ENDZ. LLC

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

FILED
10 SEP -1 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/27/2008 and assigned
Florida document number L08000052172.

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)

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:

Brenda Louryse Nee Jaho

New Registered Office Address:

130 East Altamonte Dr Suite 1450

Enter Florida street address

Altamonte Springs

, Florida

32701

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.

Brenda Louryse Nee Jaho
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	Brenda Louryse Nee	130 E Altamonte Dr Suite 1450 Altamonte Sp, FL 32701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Amat Jaho	130 E Altamonte Dr Suite 1450 Altamonte Sp FL 32701	<input type="checkbox"/> Add <input checked="" 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 Sep 1, 2010

Amat Jaho

Signature of a member or authorized representative of a member

AMAT JAH0
Typed or printed name of signee

FILED
10 SEP - 1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA