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



500237099475

07/06/12--01031--011 **25.00

D. BRUCE

JUL 26 2012

EXAMINER



July 9, 2012

AMAT JAHO 130 EAST ALTAMONTE DR SUITE 1450 ALTAMONTE SPRINGS, FL 32701

SUBJECT: STR8ENDZ, LLC Ref. Number: L08000052172

We have received your document for STR8ENDZ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 112A00018335

Deborah Bruce Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration S Division of Co	Section orporations				
SUBJECT:	STR	BENDZ, LLC			
SUBJECT.		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	AMAT JAHO Name of Person				
		Name of reison			
STR8ENDZ SALON					
		Firm/Company			
	130 EAST	ALTAMONTE DR SUITE 145	50		
		Address			
ALTAMONTE SPRINGS, FLORIDA 32701					
	. —	City/State and Zip Code			
	E-mail address: (MNDNFL@AOL.COM to be used for future annual report notifica	tion)		
For further information	concerning this matter, please of	call:			
AMAT JAHO Name of Person			27-1282		
Name	of Person	Area Code & Daytime T	elephone 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 Limite	ed Liability Company as it now apper A Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	MAY 25,2008	and assigned
Florida document numberL0800005	52172	·	_
This amendment is submitted to amend the fo	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited liability company he	ere:	
The new name must be distinguishable and end w L.L.C."	vith the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		

B. If amending the registered agent and registered agent and/or the new registered		our records, enter t	he name of the new
Name of New Registered Agent:	AMAT JAHO	***************************************	
New Registered Office Address:	8471 BAYWOOD VISTA D		
	E	nter Florida street add	ress
	ORLANDO	, Florida	32810
	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

Page Lof 2

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

MGR - Ma MGRM = N	nager Ianaging Member	g, + + - 4	
<u>Title</u>	Name	Address	Type of Action
<u>MGRM</u>	AMAT JAHO	8471 BAYWOOD VISTA DR ORLANDO, FL 32810	Add Remove
MGR	BRENDA NEE JAHO	8471 BAYWOOD VISTA DR ORLANDO, FL 32810	Add ☑ Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	Drund	20012 mber or authorized representative of a member	
	1	Svenda Nel Jaho vped or printed name of signee	
	· y	per or praised nume or orginee	

Page 2 of 2

Filing Fee: \$25.00