

WD80000058871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

03/11/10--01009--028    \*\*25.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

MAR 1<sup>st</sup> 2010

**EXAMINER**

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10 MAR 11 PM12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** B4 ~ After Beauty Supply, 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:

DORICO TYREE

**Name of Person**

B4 + AFTER Beauty Supply, LLC  
Firm/Company

**Firm/Company**

504 S Sanford, AVENUE

### Address

Sanford, FL 32771  
City/State and Zip Code

City/State and Zip Code

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

For further information concerning this matter, please call:

POERICO TYREE

Name of Person

at (407) 330-2099

**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

B44 AFTER Beauty Supply, 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 02/05/2010 and assigned  
Florida document number LO8000058871.

This amendment is submitted to amend the following:

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

B44 AFTER Beauty Supply, 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)

504 S Sanford AVE  
Sanford, FL 32771

10 MAR 11 PM 12:00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

DORICO TYREE

New Registered Office Address:

504 S. Sanford AVENUE

*Enter Florida street address*

Sanford

*City*

Florida 32771

*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

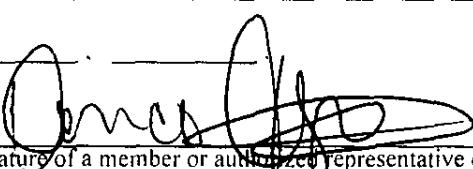
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	MICHELLE Woods	504 S. Sanford Ave Sanford, FL 32771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MR	DORICO TYREE	504 S. Sanford Ave Sanford, FL 32771	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

PLEASE REMOVE Michelle Woods as  
REGISTERED Agent and replace with  
DORICO TYREE.

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

DORICO TYREE  
Typed or printed name of signee

10 MAR 11 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED