

LD8000065614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 23 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FANTASTIC MAX, 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:

IGOR STEPANENKO

(Name of Person)

(Firm/Company)

8870 N HIMES AVE # 224

(Address)

TAMPA FL 33614-1627

(City/State and Zip Code)

For further information concerning this matter, please call:

IGOR STEPANENKO

(Name of Person)

at (813) 841-0061

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FANTASTIC MAX, 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 07/08/08 effective 07/07/08 and assigned
Florida document number L08000065614

This amendment is submitted to amend the following:

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

HAIR MAX, 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)

4475 W GANDY BLVD

TAMPA FL 33611-3301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8870 N HIMES AVE # 224

TAMPA FL 33614-1627

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

4475 W GANDY BLVD

(Enter Florida street address)

TAMPA

(City)

Florida 33611-3301

(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)

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
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08 OCT 22 AM
SECRETARY OF S
TALLAHASSEE, FL

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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