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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

OCT 27 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co						
SUBJECT: Haircut	N' Beyond, LLC.					
	(Name o	f Limited Liability Co	mpany)			
Dear Sir or Madam:						
The enclosed Articles of	of Correction and fee(s) a	re submitted for filing.				
	pondence concerning this	_				
. rouse return air corres	political control in a series		5.			
Curran K. Porto, E	Esq.					
	(Name of Person)		-	TAE SE(80	
Curran K. Porto, F	P.A.		_	CAHA.	OCT 24 PH 12: 17	-11-
	(Firm/Company)		,	SSEE NYY	24	_
9350 Bay Plaza E	Blvd., Ste 123			S 문 S	PH	FILED
	(Address)		_		$\dot{\omega}$	_
Tampa, Florida 33	3619) - T	17	
	(City/State and Zip Code)		_			
For further information	concerning this matter, p	olease call:				
	,	0.40	000 0000+ 000			
Curran K. Porto	ne of Person)	at (813	626-0088 ext 222 Daytime Telephone Number		•	
(1,111)	e or reisen,	(,		,		
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	‡		
Enclosed is a check for	or the following amount:					
☑ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	&		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Haircut N' Beyond, LLC. (<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on August 26, 2008 and assigned
Florida document number L08000081088	 ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
N/A	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A ASE 8
(Principal office address MUST BE A STREET ADD	ORESS)
T	FLO FLO
Enter new mailing address, if applicable:	N/A SOL SOL
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on our records, enter the name of the ned
Name of New Registered Agent: N/A	
New Registered Office Address:	(Enter Florida street address)
	· · · · · · · · · · · · · · · · · · ·
	(City) , Florida, Florida

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manage or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title.	<u>Name</u>	Address	Type of Action
Mgr	Porto, Curran K.	111 W. Bloomingdale Ave., Ste 111 Brandon, FL 33511	
Mgr	Pham. Linh	111 W. Bloomingdale Ave. Brandon, FL 33511	Add Remove
			- Damasus
	·		Pomouo
			AddRemove
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	
_		ALLA	SECN
_		ASSEE, 7	FILE
Dated Octob	er 13 , 200	8 CORIDA	D PH 12: 17
		ber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00