

**LDB00009760**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

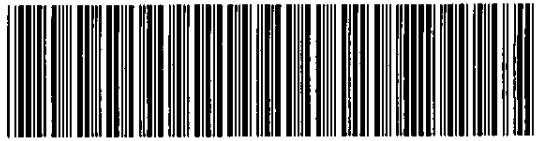
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

**G. MCLEOD** Office Use Only  
MAR 16 2012  
**EXAMINER**



**500224616645**

03/19/12--01001--016 \*\*25.00

RECEIVED  
12 MAR 16 PM 4: 17  
OFFICE OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 MAR 16 PM 4: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Prestige Cuts and More 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:

LeCory Harris  
Name of Person

\_\_\_\_\_  
Firm/Company

8970 Centary Park Circle  
Address

Tallahassee Florida 32304  
City/State and Zip Code

lecory.harris@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LeCory Harris at (850) 274-7516  
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

Prestige Cuts and More 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 10/23/2008 and assigned Florida document number LOG000099760

This amendment is submitted to amend the following:

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

Accessories and More 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)

3970 Century Park Circle  
Tallahassee Florida 32304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

FILED  
12 MAR 16 PM 4:10  
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:

Le Cory Harris

New Registered Office Address:

2907 Woodrich Dr. Apt. D.

Enter Florida street address

Tallahassee

Florida

32304

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

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>
MGRM	Beatrice Baker	2907 Woodrich Dr. Apt. 11 Tallahassee FL 32301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Derrick Hallback	2907 Woodrich Dr. Apt. 11 Tall. FL. 32301	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 3/16/2012

L Harris

Signature of a member or authorized representative of a member

LeCory Harris

Typed or printed name of signee