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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 08 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haircuts Unlimited Lake City 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:

Lisa Waltrip

Name of Person

Haircuts Unlimited Lake City LLC

Firm/Company

2929 W US Hwy 90, Suite 104

Address

Lake City, FL 32055

City/State and Zip Code

janet@westfieldrealtygroup.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Janet Higgins

Name of Person

at (386)

755-0808

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**

HAIRCUTS UNLIMITED LAKE CITY 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 11/24/2008 and assigned
Florida document number L08000108837.

This amendment is submitted to amend the following:

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

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)

Haircuts Unlimited Lake City LLC

2929 W US Hwy 90, Suite 104

Lake City, FL 32055

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:

Lisa Waltrip, Owner

New Registered Office Address:

2929 W US Hwy 90, Suite 104

Enter Florida street address

Lake City

, Florida

32055

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:

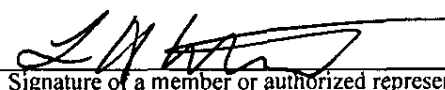
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lisa Waltrip	Haircuts Unlimited	<input checked="" type="checkbox"/> Add
		2929 W US Hwy 90, Suite 104	<input type="checkbox"/> Remove
		Lake City, FL 32055	
MGRM	Westfield Investment Group	426 SW Commerce Dr Ste 130	<input type="checkbox"/> Add
		Lake City, FL 32055	<input checked="" 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.)

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TALLAHASSEE, FLORIDA

Dated _____, _____.



Signature of a member or authorized representative of a member

Typed or printed name of signee