## L0900016873

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S. HAWKES

APR - \$2009

EXAMINER

## **COVER LETTER**

Division of Corp	orations				
SUBJECT: celebrity cuts LLC					
	(Name of Lim	ited Liability Company)			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	SHENANDOAH SHAW				
		(Name of Person)			
	CELEBRITY CUTS LLC				
		(Firm/Company)			
	6001 N W 17 AVENUE				
		(Address)	<del></del>		
	MIAMI, FL 33142				
		(City/State and Zip Code)			
D. C. akan in C		_1t.			
For further information co	ncerning this matter, please c	an.			
SHENANDOAH SHAW		at ( 305 ) 879-4196			
(Name of	Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for the	e following amount:				
<b>2</b> \$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:

TO:

**Registration Section** 

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

**CELEBRITY CUTS 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 2/19/2009 and assigned Florida document number L09000016873 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) 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: New Registered Office Address: (Enter Florida street address)

## 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.

(City)

(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

Title	Name	Address	Type of Action
MGRM	SHENANDOAH SHAW	6001 N W 17 AVE MIAMI FL 33142	Add Remove
MGR	LAKISHA MCSWAIN	6001 N W 17 AVE MIAMLEL 33142	Add Remove
			Add Remove
<del></del> ,			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary	v.) 
<del></del>			
Dated MARC	Shemursbord	mber or authorized representative of a member	
	SHENANDOAH SH	·	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00