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J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor					
	KJH&R En	-				
SUBJ	Name of Limited Liability Company					
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	endence concerning this matter	to the following:			
		Joanne Prosser				
		****	Name of Person			
		London Hair				
			Firm/Company			
		319 10th Ave N				
			Address			
		St Petersburg, Florida, 337	701			
		londonhairandspa@ymail.c	City/State and Zip Code			
		E-mail address: (to be used for future annual report no	otification)		
For fu	rther information co	oncerning this matter, please c	all:			
Joanne	e Prosser		727 4888197 at ()			
	Name of	f Person	Area Code Dayti	me Telephone Number		
Enclos	sed is a check for th	ne following amount:				
□ \$2	5.00 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

TO ARTICLES OF ORGANIZATION OF

KJH&R Enterprises, LLC				
(Name of the Limi	ted Liability Compan (A Florida Limited L	y as it now appears or ability Company)	<u>1 our records.</u>)	
The Articles of Organization for this Limited L Florida document number	iability Company v	were filed on	/2016	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabil	lity company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	eable:	319 10th Ave N		
(Principal office address MUST BE A STREET ADDI		St Petersburg, Flori	da, 33701	1
	_			ကို တ
Enter new mailing address, if applicable:		As above	700 070 071	
(Mailing address MAY BE A POST OFFICE BOX)			<u>''11</u>	
3. If amending the registered agent and registered agent and/or the new registered o			ur records, <u>enter</u>	the name of th
Name of New Registered Agent:	Joanne Prosser			
New Registered Office Address:	319 10th Ave N			
	St Petersburg	Enter Florida .		701
		City	, r ivi iua	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 605, 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

or removed from our records:

MGR = Manager . AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Keith Prosser	346 corey ave, st pete beach, 3370€	Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			Add Figure Con Remove
			Change
			Add
			Remove
			□ Change

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E. Effective data if other than the data of filings (8.11. OST -2.01)	antiqual)
E. Effective date, if other than the date of filing: (a) 11-05-2016 (of the filing of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 (3)(b) , this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:0 (b) The 90th day after the record is filed.	01 a.m. on the earlier of:
Dated 11-05- , 2016.	
	FACE SE
Signature of a member or authorized representative of a member	
7-2	
Typed or printed name of signee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	the state of the s
Page 3 of 3	4: 32

Filing Fee: \$25.00