## 110000079237

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T. CLINE

SEP - 3 2010

EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Land O'Lakes BARBER 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:
Lori L. Cox or Kenneth Suarez  Name of Person  Cheers Barber Shop  Firm/Company
2916 Land O Lakes Blvd.  Address  Land O Lakes FL 34639  City/State and Zip Code  Cheersbarbershop@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth Suarez at (813) 810-8741  Area Code & Daytime Telephone Number 813 390-0022
Prolocation about for the following emounts
Enclosed is a check for the following amount:  \$\sum{\$\sum{\$\text{\$\text{\$\text{S}}}}\$} \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
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

Land O' Lakes 1	Barber L	LC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears or Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	28-2010 and assigned			
Florida document number <u>L10000079237</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,"	the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	2916 La	and O Lakes Blvd.			
(Principal office address MUST BE A STREET ADDRESS)	Land 0	Lakes Fig. 34639			
Enter new mailing address, if applicable:	2916 La	nd O Lakes Blud			
(Mailing address MAY BE A POST OFFICE BOX)	Land OL	akes FE 34639			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our e:	records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter F	Florida street address			
		, Florida			
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRI	M LORIL. COX	3034 Lake Sa Land O Lakes	XON DR X Add FL 34639 Remove
			Add Remove
			Add Remove
<del> </del>			Add Remove
			ALC DEMOVE
		er change(s) here: (Attach additional shee	Add Particular Remove
D. If am	nending any other information, ento	er change(s) here: (Attach additional shee	ts, if necessary
Dated	August 30 2	, 2010.	
	× Signature of		mber
	Kenne	eth M. Suarez Typed or printed name of signee	

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Filing Fee: \$25.00