# L10000084843

| (Requestor's Name)   |  |  |  |  |
|--|--|--|--|--|
| (Address)  |  |  |  |  |
| (Address)  |  |  |  |  |
| (City/State/Zip/Phone #)   |  |  |  |  |
| PICK-UP WAIT MAIL  |  |  |  |  |
| (Business Entity Name)   |  |  |  |  |
| LI-SUSU3<br>(Document Number)  |  |  |  |  |
| Certified Copies Certificates of Status  |  |  |  |  |
| Special Instructions to Filing Officer:  Rhouda  AUTHORIANA  CONTROL HITE  DATE  JOC. SAN. |  |  |  |  |

Office Use Only



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SECRETARY OF CARFORATION 10 NOV 12 PM 2: 53

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# **COVER LETTER**

| то:     | Registration Section Division of Corporations   |          |
|---------|---|----------|
| SUBJE   | ECT: The Hair Hound LLC  Name of Limited Liability Company  |          |
| The en  | closed Articles of Amendment and fee(s) are submitted for filing.   |          |
| Please  | return all correspondence concerning this matter to the following:  |          |
|         | Rhonda Tragesser Name of Person   |          |
|         | The Hair Hound LLC Firm/Company   |          |
|         | 17711 E Apshawa Rd  |          |
|         | Clermont, FL 34715  City/State and Zip Code   |          |
|         | The hairhound & Isahoo, Com  E-mail address: (to be used for fluture annual report notification)  |          |
| For fur | ther information concerning this matter, please call:   |          |
|         | Name of Person at (950) 276-0646  Area Code & Daytime Telephone Number  |          |
| Enclose | ed is a check for the following amount:   |          |
| □\$25   | 5.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & S60.00 Filing Fee,} \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} | <b>)</b> |

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2010

RHONDA TRAGESSER 17711 E APSHAWA ROAD CLERMONT, FL 34715

SUBJECT: THE HAIR HOUND LLC

Ref. Number: L10000084843

We have received your document for THE HAIR HOUND LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

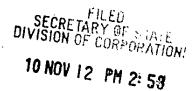
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 510A00025964

Neysa Culligan Regulatory Specialist II

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| (Name of the Limited Liability Company as<br>(A Florida Limited Liability Company)   | s it now appears on our records.) lity Company) /             |  |  |
|--|---|--|--|
| The Articles of Organization for this Limited Liability Company wer Florida document number <u>L1000084843</u>               | e filed on Aug. 12, 2010 and assigned                         |  |  |
| 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 I "L.L.C."  | Liability Company," the designation "LLC" or the abbreviation |  |  |
| 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)   |   |  |  |
| <del>-</del>   | ·   |  |  |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our records, enter the name of the new             |  |  |
| Name of New Registered Agent:  |   |  |  |
| New Registered Office Address:   |   |  |  |
|  | Enter Florida street address                                  |  |  |
|  | tty Zin 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> | Name  | Address   | Type of Action  |
|--------------|---|---|---|
| ngrm         | Christina L. Wilkins  | 2900 Shoemaker Lane<br>Mount Dora, Fly<br>32757                   | Add Remove  |
|              |   |   | Add Remove  |
|              |   |   | Add<br>Remove   |
| <del></del>  |   |   | Add Remove  |
|              |   |   | Add<br>Remove   |
|              |   |   | Add<br>Remove   |
| D. If amend  | ding any other information, enter change(                                     | s) here: (Attach additional sheets, if necessary.)                |   |
|              | From 17613 E }  | agents street add<br>toshawa Rd. Clermont,<br>shawa Rd. Clermont, | ent FL  |
| Dated        | 1-6-10<br>Anousia Vraga<br>Signature of a member of<br>Rhonda, Toxase         | mathorized representative of a member                             | SECRETARY OF STATE OF VISION OF CORPORATION OF CORPORATION OF 2: 53 |
|              | $1 \setminus 1 \cup $ | printed name of signee  | ATTON   |

Page 2 of 2

Filing Fee: \$25.00