L10000113463

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COVER LETTER

TO:

Registration Section Division: of Corporations

SUBJECT: Ray's Advanced Hair Cutting and Cosmetology Academy, L.

Name of Limited Liability Company

The enclosed	Articles of A	Amendment	and fee(s)	are submitted	for filing.

Please return all correspondence concerning this matter to the following:

		Miguel Rodriguez		
		Name of Person		
	Ray's Advanced Ha	ir Cutting and Cosmetology	y Academy, L	
		Firm/Company	- ====================================	201
		14624 Chloe Ct.	ECRE LL AH	FILE 2012 JAN 13
		Address	TASSI ASSI	
		Orlando, FI 32826		PH 3: 39
		City/State and Zip Code	FLO	္က မွ
	raysad E-mail address: (vancedtraining@gmail.com to be used for future annual report noti	n Robinstation) Robinstation	語,
For further information	concerning this matter, please	call:		
	juel Rodriguez	at (_407_)	497-5059	_
Name	of Person	Area Code & Daytin	ne 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		Status &

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

January 4, 2012

MIGUEL RODRIGUEZ RAY'S ADVANCED HAIR CUTTING AND COSMETOL 14624 CHLOE CT. ORLANDO, FL 32826

SUBJECT: RAY'S ADVANCED HAIR CUTTING AND COSMETOLOGY

ACADEMY, L.L.C.

Ref. Number: L10000113463

We have received your document for RAY'S ADVANCED HAIR CUTTING AND COSMETOLOGY ACADEMY, L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 712A00000109

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ray's Advanced Hair Cutting and Cosmetology Academy, L.L.C.

(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 Co	mpany were filed on _	October 29, 2	010 and assigned
Florida document number L10000113463	 '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Cor	mpany," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		7A 20
			12 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -
			I I I I I I I I I I I I I I I I I I I
Enter new mailing address, if applicable:			SSEE O
(Mailing address MAY BE A POST OFFICE BOX)			
			STAL STAL
T. 10		_	39
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		n our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
Now Registered Office Address			
New Registered Office Address:		Enter Florida street	t 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 amonding 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> **Address** Type of Action MGRM Miguel Rodriguez 14624 Chloe Ct. Orlando, Fl 32826 Remove _ Add Remove ☐ Add _ Remove _ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 15 Dated ____ Signature of a member or authorized representative of a member Miguel Rodriguez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00