

L110000026873

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 10 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N.Y.C. CUTS 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:

BERNARDO M. CRUZ
Name of Person

N.Y.C. CUTS LLC, (DBA) THE HAIR GALLERY
Firm/Company

24199 GOLDEN EAGLE LN
Address

BONITA SPRINGS FL 34135
City/State and Zip Code

BONITAHAIRGALLERY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernie CRUZ at (239) 776-0263
Name of Person Area Code & Daytime 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) ☐ \$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

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12 JUL -9 AM 8:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NY.C. CUTS 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 Company were filed on 03/03/2011 and assigned Florida document number L11000026873

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)

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TALLAHASSEE, FLORIDA

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:

Edalia Arias

New Registered Office Address:

24199 Golden Eagle Ln.

Enter Florida street address

Buena Springs

City

Florida

FL 34135

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.

Edalia Arias

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Seda, Frank	5793 CAPE HARBOR DR # A12 CAPE CORAL FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUL - 9 AM 8:40

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Dated _____, _____



Signature of a member or authorized representative of a member

BERNARDO M. CRUZ

Typed or printed name of signee

**ASSIGNMENT OF MEMBERSHIP INTEREST
N.Y.C. CUTS, LLC**

THIS ASSIGNMENT OF MEMBERSHIP INTEREST is entered into and made effective this 3 day of March, 2012, by Frank Seda ("Assignor") to Bernardo Cruz ("Assignee").

WHEREAS, Assignor is a Member of N.Y.C. Cuts, LLC, a Florida limited liability company (the "Company");


WHEREAS, Assignor and Assignee each hold fifty percent (50%) of the membership interest in the Company; and

WHEREAS, Assignor desires to transfer, assign, set over and convey all of the Assignor's membership interest in the Company (the "Transferred Interest") to Assignee in exchange for the sum of Ten Thousand and 00/100 Dollars (\$10,000.00), such that after the transfer of the Transferred Interest, the Assignee will no longer own a membership interest in the Company and the Assignor will own all of the membership interest in the Company.

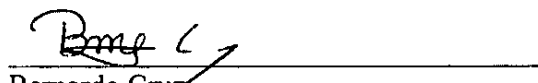
NOW, THEREFORE, Assignor assigns, transfers sets over and conveys to Assignee Assignor's right, title and interest in and to the Transferred Interest, subject to all of the debts and liabilities of the Company existing as of the date of this Assignment and Assignee accepts such assignment subject to the debts and liabilities of the Company existing as of the date of this Assignment.

The undersigned has duly executed and delivered this assignment effective as of the day and year first above written.

Assignor:


Frank Seda

Assignee:


Bernardo Cruz

