

L11000097271

(Requestor's Name)

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(City/State/Zip/Phone #)

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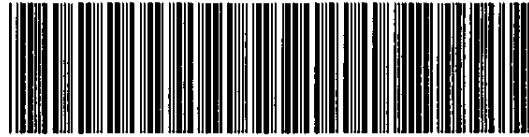
(Business Entity Name)

(Document Number)

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11 OCT -5 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT -5 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T Jay Hair, 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:

Christopher L Freeman
Name of Person

Beautiful Hair, LLC
Firm/Company

7500 Powers Ave Apt # 33
Address

Jacksonville, FL 32217
City/State and Zip Code

Christopherfreeman1978@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher L Freeman at 904 554-4188
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2011

CHRISTOPHER L. FREEMAN
7500 POWERS AVENUE APT. #33
JACKSONVILLE, FL 32217

SUBJECT: BEAUTIFUL HAIR, LLC
Ref. Number: W11000050586

We have received your document for BEAUTIFUL HAIR, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 811A00022594

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

TJay Hair, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/24/2011 and assigned Florida document number L11000097271.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~Beautiful Hair By Mr Freeman, LLC~~ Beautiful Hair By Mr Freeman, LLC

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)

7500 Powers Ave Apt #33
Jacksonville FL, 32217

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2225 La Valle DR
Jacksonville, FL 32210

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:

Jacoby Freeman

New Registered Office Address:

4758 Rodcliff Ct #2

Enter Florida street address

Jacksonville, Florida 32217
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.

Jacoby Freeman
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	Laronka D Garrett	989 Monument RD Apt 124 Jacksonville, FL 32225	<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.)

Dated 9/27/2011, 2011

Signature of a member or authorized representative of a member

Christopher L Freeman

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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