

L110000107203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

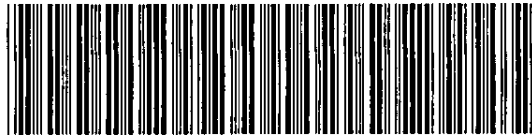
Special Instructions to Filing Officer:

A. LUNT

OCT - 3 2012

EXAMINER

Office Use Only



000238335280

08/31/12--01031--014 \*\*25.00

FILED  
2012 OCT - 1 PM 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2012

NANCY HERNANDEZ  
5668 E 61ST STREET  
COMMERCE, CA 90040

SUBJECT: E'LAN HAIR STUDIO LLC  
Ref. Number: L11000107203

We have received your document for E'LAN HAIR STUDIO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 112A00022394

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.104 FAX: (800) 388-0330  
EMAIL: nancy@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

**REQUEST FILING SERVICE**

DATE: AUGUST 28, 2012

FROM: NANCY HERNANDEZ

Client Matter: # 9039624

TO: REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

RE: **E'lan Hair Studio LLC**

Enclosed is one of the following: **(1) Articles of Amendment**

Return request with filing: **(1) Plain Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (6)

**\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\***

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:**

**ATTORNEYS CORPORATION SERVICE, INC.\*\***

**5668 E. 61<sup>ST</sup> STREET  
COMMERCE, CA 90040**

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S):

CK#653480 \$25.00 (STATE FILING FEE)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E'lan Hair Studio, 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:

NANCY HERNANDEZ

Name of Person

ROCKET LAWYER

Firm/Company

5668 E. 61ST STREET

Address

COMMERCE, CA. 90040

City/State and Zip Code

elanstudio777@gmail.com

E-mail address: (to be used for future annual report notification)

2012 OCT -1 PM 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Timothy Dudkewic

Name of Person

at ( 386 ) 264-8230 or (386) 693-4802

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

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

**E'lan Hair Studio LLC**

(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 09/20/2011 and assigned  
Florida document number L11000107203.

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)

**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:

New Registered Office Address:

*Enter 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

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CLAHASSEE, FLORIDA

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	Timothy Dudkewic	21 Wellington Drive Palm Coast, FL. 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Luke Dudkewic	21 Wellington Drive Palm Coast, FL. 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Paul Dudkewic	21 Wellington Drive Palm Coast, FL. 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John Dudkewic	21 Wellington Drive Palm Coast, FL. 32164	<input checked="" 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 8-24-12



Signature of a member or authorized representative of a member

Lucille Dudkewic

Typed or printed name of signee

2012 OCT -1 PM 01  
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STATE  
PLORID