42000044003

(Reque	stor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL
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. (Docur	nent Number)	
Certified Copies	Certificate	s of Status
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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2012

DANIELLE F. SCHNEIDER P.O. BOX 7912 SEBRING, FL 33872

SUBJECT: FATHER & SONS TIRES, LLC

Ref. Number: L12000044003

We have received your document for FATHER & SONS TIRES, 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):

The name designated in your document is unavailable since it is the same as, of 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 all 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." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P110000052332.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 512A00014485

COVER LETTER

TO: Registration S Division of Co	ection rporations			•	,
SUBJECT:	ather 8 So Name of Limi	ns Tires LL ited Liability Company	<u>_C</u>		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	Danielle	F. Schneide Name of Person	<u>r</u>		
	Salon	Firm/Company		<u> </u>	
	P.O. BOX	7912 Address		2 HAY 18 ECRETAR	7
	Sebring, danjam E-mail address:	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	10 m	Y OF STATE EE. FLORIDA	
For further information	concerning this matter, please of	call:			
Danielle	F. Schneid	Area Code & Daytime T	1774 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)	Certified	te of Status &	sed)

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

Father & Sons	Tires	4	- ·	
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appeared Liability Company)	ars on our rec	ords.)	
The Articles of Organization for this Limited Liability Comp	namy were filed on 3	130120	12	and assigned
Florida document number <u>L12000044003</u>		•		
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited	liability company he	ere:		
Itrome Hair Designs	LLC.			
The new name must be distinguishable and end with the words "I"L.L.C."	Limited Liability Comp	oany." the desi	gnation "LLC	or the abbreviation
Enter new principal offices address, if applicable:	5130 5	Schum	acher	Rd
(Principal office address MUST BE A STREET ADDRESS	sebrin	g.71	338	70
	, ,			
Enter new mailing address, if applicable:			. <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
				·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records	enter the	nume of the new
Name of New Registered Agent:	<u>,</u>			
New Registered Office Address:		nter Horida s	street address	
	City	, FJ	orida2	ip 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

Page 1 of 2

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) nature of a member or authorized representative of a member Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00