

L130000026913

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(Address)

(Address)

(City/State/Zip/Phone #)

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JULIA STAFF
JULIA STAFF
JULIA STAFF

J. SAULSBERRY
EXAMINER
OCT 8 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Cozy 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:

Michael Dora
Name of Person

The Cozy Hair Studio
Firm/Company

14929 NW 22 Ave
Address

Opa Locka FL 33054
City/State and Zip Code

cozyhairstudio1@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Dora at (305) 967-3191
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2013 OCT -4 AM 10:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

The Cozy 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 2-21-13 and assigned Florida document number L13000026913

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

MGR = Manager
MGR^M = Managing Member

mgm	Michael Dora	1929 NW 71 st St	<input checked="" type="checkbox"/> Add
		Miami FL 33147	<input type="checkbox"/> Remove

WGRM 14929 NW 22 Ave ☒ Add
Opa Locca FL 33054 ☐ Remove

☐ Add

☐ Remove

Add

☐ Remove

 Add

 Remove

 Add

☐ Remove

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

Dated _____, _____.

Michael Dora

Signature of a member or authorized representative of a member

Michael Dora

Typed or printed name of signee

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Filing Fee: \$25.00