

L13000069746

(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:

*Amend*

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2013 JUN 11 AM 8:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JUN 13 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Individual You Beauty Supply 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:

Melvina Mc Coy  
Name of Person

Individual You Beauty Supply LLC  
Firm/Company

8172 Tessa Ter. E.  
Address

Jacksonville, Florida 32244  
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

For further information concerning this matter, please call:

Melvina Mc Coy at (904) 521-8845  
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

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

Individual You Beauty Supply 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 May 13, 2013 and assigned  
Florida document number L13000069746

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)

8650 Old Kings Rd. S.  
Suite 3  
Jacksonville, FL 32217

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8650 Old Kings Rd. S.  
Suite 3  
Jacksonville, FL 32217

**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

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	Michael Smith	8172 Tessa Ter. E	<input type="checkbox"/> Add
		Jacksonville, FL 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

Changing address from  
8172 Tessa Ter. E. Jacksonville, FL 32244  
TO  
8650 Old Kings Rd. S. Suite 3  
Jacksonville, FL 32217

Dated June 4, 2013.

Melvina McCoy

Signature of a member or authorized representative of a member

Melvina McCoy

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JUN 11 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA