

L13000082236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

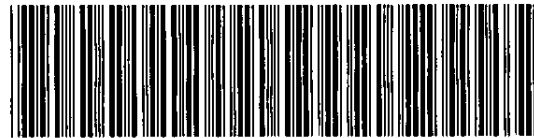
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500263154115

08/29/14--01001--006 \*\*25.00

RECEIVED  
14 AUG 28 PM 2:07  
DIVISION OF CORPORATIONS

14 AUG 28 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

AUG 28 2014

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Salon J 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:

Jameyson Green  
Name of Person  
Salon J Hair Studio, LLC  
Firm/Company  
1022 Summer Glen Drive  
Address  
Winter Haven, FL 33880  
City/State and Zip Code  
dejgreen@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jameyson Green at 863 660-5885  
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

Master Jay Styles, LLC.

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

14 AUG 28 PM 2:11

RECEIVED  
TALLAHASSEE  
STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 6<sup>th</sup>, 2013 and assigned  
Florida document number L13000082236

This amendment is submitted to amend the following:

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

Salon J Hair Studio, 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**)

1022 Summer Glen Drive  
Winter Haven, Florida 33880

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

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A  
N/A  
N/A

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A  
City

Florida

N/A  
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 605, 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

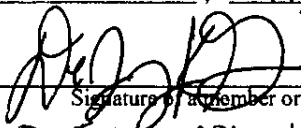
E. Effective date, if other than the date of filing: N/A (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

N/A

N/A



Signature of a member or authorized representative of a member

DeJameyson K Green

Typed or printed name of signee