

L14000004142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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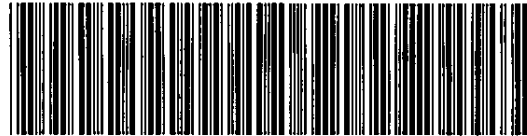
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 1 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KITCHEN'S BEAUTICIANS 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:

JAMILA J HOPKINS

Name of Person

KITCHEN'S BEAUTICIANS LLC

Firm/Company

4522 BLUFF AVE

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

mrsjamilahopkins@yahoo.com

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

For further information concerning this matter, please call:

JAMILA J HOPKINS

Name of Person

at (904)

402-1948

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**

KITCHEN BEAUTICIANS 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 01/08/2014 and assigned
Florida document number L14000004142.

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)

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TALLAHASSEE, FLORIDA

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 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>AR</u>	<u>JAMILA J HOPKINS</u>	<u>4522 BLUFF AVE</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32225</u>	<input checked="" type="checkbox"/> Remove
<u>AP</u>	<u>JASON HOPKINS</u>	<u>4522 BLUFF AVE</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32225</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>JAMILA J HOPKINS</u>	<u>4522 BLUFF AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville, FL 32225</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>JASON HOPKINS</u>	<u>4522 BLUFF AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville, FL 32225</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

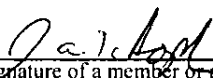
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (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 March 24, 2014



Signature of a member or authorized representative of a member

Jason Hopkins

Typed or printed name of signee

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TALLAHASSEE, FLORIDA