# LH000042188

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(City/State	e/Zip/Phone #)	<u> </u>
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B. BOSTICK

MAR 2 7 2014

EXAMINER

#### **COVER LETTER**

TO: Regist

Registration Section Division of Corporations

SUBJECT:

# HIGH DEF BARBER SHOP 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:

## YOVANA NAVARRO

Name of Person

### HIGH DEF BARBER SHOP LLC

Firm/Company

11430 NW 42nd ST

Address

# **CORAL SPRINGS FL 33065**

City/State and Zip Code

yovanav2@hotmail.com

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

For further information concerning this matter, please call:

## YOVANA NAVARRO

*...*754 <u>.</u> 2468694

Name of Person

Area Cod

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**

#### HIGH DEF BARBER SHOP LLC

The Articles of Organization for this Limited Florida document number L1400004218	Liability Company were filed on 03/1	10/2014 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here	:
The new name must be distinguishable and end with the	e words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
iter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	-	3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent an registered agent and/or the new registered agent and/or the new registered agent:  Name of New Registered Agent:		ur records, enter the name of the
New Registered Office Address:	11430 NW 42nd ST	
	Enter Florida	street address
	CORAL SPRINGS	, Florida 33065

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YOVANA NAVARRO	11430 NW 42nd ST CORAL SPRINGS FL 33065	<b>=</b> Add
			☐ Remove
			<del></del>
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			Remove
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			Remove

If amending any other information, enter change(s) here: (Attach a	additional sheets, if necessary.
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated MARCH 21 2014	
-1/-2	
y ge	
Agnature of a member or authorized represe	ntative of a member

Page 3 of 3

Filing Fee: \$25.00