

L14000050391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

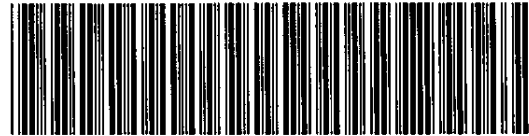
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 AUG -4 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan

AUG 18 2014

ONE LUV CUTS, LLC
L14000050391
6927 MIRAMAR PKWY
MIRAMAR, FL 33023
SHARMEEKA T BROOKS
ALVIN S VASSALL
954-635-8585

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

To Whom It May Concern,

One Luv Cuts, LLC has a credit of \$50 with the divisions of corporations. Enclosed is another change we made without the \$25 fee and wish to pay the \$25 fee with the credits we have with the Division Of Corporations. The document number is L14000050391.

Thank you for your cooperation

Sharmeeke T Brooks

Alvin S Vassall

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONE LUV CUTS, 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:

SHARMEEKA T BROOKS

Name of Person

ONE LUV CUTS, LLC

Firm/Company

841 NW 197TH TER

Address

MIAMI, FLORIDA 33169

City/State and Zip Code

shapingyourlifestyle7@gmail.com

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

For further information concerning this matter, please call:

SHARMEEKA T BROOKS at **954 6358585**

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

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

ONE LUV CUTS, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/27/2014 and assigned Florida document number L14000050391.

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 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
AMBR = Authorized Member

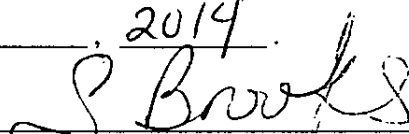
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<small>OWNER/MGR/AM</small>	SHARMEEKA T BROOKS	6927 MIRAMAR PKWY	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 August 8, 2014.



Signature of a member or authorized representative of a member

SHARMEEKA T BROOKS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA