

L14 000127881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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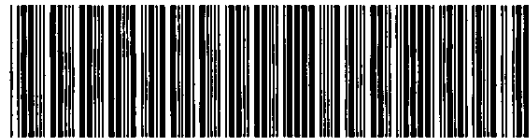
(Business Entity Name)

(Document Number)

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FALL RIVER, MA 01931

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OCT 28 2014

T. CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WhoozeNext, 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:

Carla Adams Lippett

Name of Person

WhoozeNext Mobile Barber and Beauty Salon

Firm/Company

P.O. Box 15702

Address

Tallahassee, Florida 32317

City/State and Zip Code

ced.adams@yahoo.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Carla Adams Lippett

407

572-2429

Name of Person

at ()

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**

Whooze Next, 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 August 14, 2014 and assigned
Florida document number L14000127881.

This amendment is submitted to amend the following:

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

WhoozeNext, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2418 Atlas Road

Tallahassee, Florida 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 15702

Tallahassee, Florida 32317

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:

Carla Adams Lippett

New Registered Office Address:

2418 Atlas Road

Enter Florida street address

Tallahassee

City

, Florida 32303

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.


Carla Adams Lippett
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>
MGR	Traverse Lippett	P.O. Box 15702, Tallahassee, Florida 323	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	Traverse Lippett	P.O. Box 15702, Tallahassee, Florida 323	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.)*

None

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 _____, _____.



Signature of a member or authorized representative of a member

Carla Adams Lippett

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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