

U4000 142486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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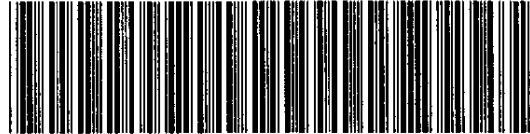
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 04 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T&S HAIR CARE, 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:

Sandra Peart

Name of Person

Hellshire Foods, LLC

Firm/Company

43 South Powerline Road, Suite 368

Address

Pompano Beach, FL 33069-3001

City/State and Zip Code

sandrap@businessmatchnetwork.com

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

For further information concerning this matter, please call:

Sandra Peart

954 232-4936
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

T&S HAIR CARE, 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 09/08/2014 and assigned
Florida document number L14000142486

This amendment is submitted to amend the following:

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

Hellshire Foods, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

43 South Powerline Road, Suite 368

(Principal office address MUST BE A STREET ADDRESS)

Pompano Beach, FL 33069-3001

Enter new mailing address, if applicable:

43 South Powerline Road, Suite 368

(Mailing address MAY BE A POST OFFICE BOX)

Pompano Beach, FL 33069-3001

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:

43 South Powerline Road, Suite 368

Enter Florida street address

Pompano Beach

Florida

City

15 AUG - 3 PM '14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
33069-3001
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	SANDRA PEART		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		43 South Powerline Road, Suite 36	<input checked="" type="checkbox"/> Change
AMBR	TRACEY-ANN PEART		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		43 South Powerline Road, Suite 36	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 AUG - 3 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 1, 2015

Sandra Peart
Signature of a member or authorized representative of a member

Typed or printed name of signee