

**L15000007043**

\_\_\_\_\_  
(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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Office Use Only



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12/27/16--01024--002 \*\*60.00

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**2016 DEC 27 P 1:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**D. BRUCE  
DEC 29 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Gentlemen's Cutts Barbershop, 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:

Jayson Thompson

Name of Person

Gentlemen's Cutts Barbershop

Firm/Company

10915 Marcy Plaza

Address

Omaha NE 68154

City/State and Zip Code

TCN.JAYSON@gmail.com

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

For further information concerning this matter, please call:

Jayson Thompson

at (305) 942-7735

Name of Person

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

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TALLAHASSEE, FLORIDA

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## Page 1 of 3

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>
AMBR	Calvin Foster	1910 WELLS ROAD, UNIT OC31	<input type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jayson Thompson	1910 WELLS ROAD, UNIT OC31	<input type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Iheoma I Thompson	1910 WELLS ROAD, UNIT OC31	<input type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jayson Thompson	1910 WELLS ROAD, UNIT OC31	<input type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IHEOMA I THOMPSON	1910 WELLS ROAD, UNIT OC31	<input type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMPSON CONSULTING NETWORK, LLC	1910 WELLS ROAD, UNIT OC31	<input checked="" type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated DECEMBER 21, 2016

Signature of a member or authorized representative of a member

Jayson Thompson - OWNER

Typed or printed name of signee