

L15000054734

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dope Hair & Boutique 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:

Cierra Foster
Name of Person
Dope hair & Boutique
Firm/Company
19477 NE 10th AVE
Address
Miam FL 33179
City/State and Zip Code
Dhg boutique@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cierra Foster at 305 ; 409-9416
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

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

Dope Hair & Boutique 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 3/27/2015 and assigned
Florida document number L1500054734

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 contain 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)

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TALLAHASSEE, FLORIDA

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:

Cierra Foster

New Registered Office Address:

3000 NW 156 St

Enter Florida street address

Miami FL

City

Florida

33054

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

13 OCT 23 17H12:01
CLERK OF COURT
FALLAHASSE, FLORIDA

FILED
15 OCT 23 PM 12:01
CLERK 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 October 21, 2015.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CIERRA Foster
Typed or printed name of signee

Typed or printed name of signee