

L15000055772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

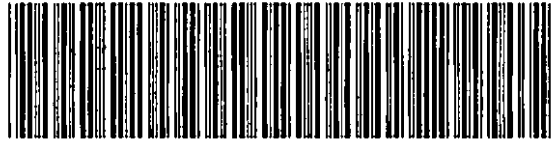
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18 AUG 29 AM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG 31 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2018

STEPHANE CARVALHO
9762 WEST SAMPLE RD
CORAL SPRINGS, FL 33065

SUBJECT: SUPREMES BARBER LOUNGE LLC
Ref. Number: L15000055772

We have received your document for SUPREMES BARBER LOUNGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 318A00006924

8/27/18
Errol Gordon
4699 N. State Rd 7, Ste. J2
Tamarac, FL 33319

Att. Ms. Brittany Figueroa
Division of Corporation
Clifton Building
2661 executive Center Cicle
Tallahassee, FL 32301

Ref. Doc L15000055772 Supremes Barber Lounge, LLC

Dear Ms. Figueroa:

This letter is to explain that we did not receive the letter you sent on 4/5/18 with missing signature for this amendment. I already sent a check for \$25.00 for this amendment—please see copy of check attached. Please correct the amended document on Sunbiz.org.

Thank you for your cooperation

Yours Sincerely



Errol Gordon

18

RECEIVED

2018 AUG 29 AM 11:26

11/29/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPREMES BARBER LOUNGE, 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:

ERROL GORDON
Name of Person

COMPUTAX BUSINESS SOLUTIONS
Firm/Company

4699 N. STATE RD 7, STE. 12
Address

TAMARAC FL 33319
City/State and Zip Code

gordonerrol@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERROL GORDON at (754) 246 0542
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

SUPREME BARBER LOUNGE LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/30/2015 and assigned
Florida document number L 15000055772

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**)

9762 W. SAMPLE RD.
CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9762 W. SAMPLE RD
CORAL SPRINGS, FL 33065

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

City

Florida

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>
AMBR	MARK FRANCOIS	2440 NW 114 AVE POMPANO BEACH, FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGMBR	STEPHANE CARVALHO	9762 W. SAMPLE RD CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

18 AUG 29 AM 5:10
FILED
TALLAHASSEE FLORIDA
SECRETARY OF STATE
Change
Add
Remove
Change

18 AUG 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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18 AUG 29 AM 5:16
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 8/27/18, _____.

Stephen Cervantes
Signature of a member

Signature of a member or authorized representative of a member

STEPHON CARVALHO

Typed or printed name of signee