

L15000081955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600295116276

02/08/17--01013--024 **30.00

FILED
17 FEB 23 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renee Hair Braiding 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:

Wanda Long
Name of Person
Renee Hair Braiding
Firm/Company
17119 NW 16th St
Address
Blountstown FL 32424
City/State and Zip Code
long.amanda94@yahoo.com
E-mail address: (to be used for future annual report notification)

RECEIVED
2017 FEB 23 AM 11:04
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Wanda Long at (850) 447-1972
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

FILED
17 FEB 23 PM 2:06
TALLAHASSEE, FLORIDA

23

TO
ARTICLES OF ORGANIZATION
OF

Renee Hair Braiding 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 May 8th 2015 and assigned Florida document number L15000081955

This amendment is submitted to amend the following:

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

R H Beauty Supply 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:

(Principal office address MUST BE A STREET ADDRESS)

1106 Ohio Ave
Lynn Haven, FL 32444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 304
Blountstown FL 32424

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:

Wanda Long

New Registered Office Address:

1106 Ohio Ave

Enter Florida street address

Lynn Haven

City

Florida

32444

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.

Wanda Long

If Changing Registered Agent, Signature of New Registered Agent

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 17 2 06 PM

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	Wanda Long	1106 Ohio Ave	<input checked="" type="checkbox"/> Add
		Lynn Haven Fl 32444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
FEB 23 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Blank lined area for document content.

E. Effective date, if other than the date of filing: Jan 18, 2017 (optional)
(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)
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.

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 Jan 18th, 2017.

Wanda Song
Signature of a member or authorized representative of a member

Wanda Long
Typed or printed name of signee

FILED
17 FEB 23 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA