

L15000191776

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TALLAHASSEE, FLORIDA

4/15/16AS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Shoy & Joi Lash Spa Studio  
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:

Shoy Porter  
Name of Person

Lash Spa Studio  
Firm/Company

7645 Merrill Rd Suite # 103  
Address

Jacksonville FL 32277  
City/State and Zip Code

Shoylashspa Studio@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Shoy Porter at 904 234-0960  
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**

Shou + So: Lash Spa Studio  
(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 Nov 12, 2015 and assigned Florida document number L15000191776

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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**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:

RAHSAAN Porfoc

New Registered Office Address:

13857 Dwan Lee Dr. N  
Enter Florida street address

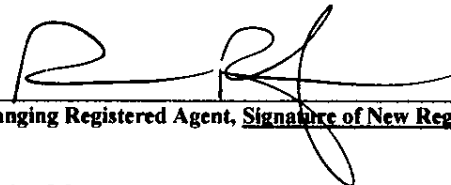
Jacksonville  
City

Florida

32226  
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

Title                      Name                      Address                      Type of Action

MGR      Shay Porter      13857 Devan Lee Dr. N       Add  
 Jax FL 32226

\_\_\_\_\_  Remove

AMBR      Raheem Porter      13857 Devan Lee Dr. N       Add  
 Jax FL 32226

\_\_\_\_\_  Remove

Please Change from MGR to  
 AMBR -       Change

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

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 TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please ~~change~~ Shay Porter from Registered Agent to Manager / Authorized to manage. Shay & Joi Leigh Spa Studio LLC

And move Bahseian Porter to Registered Agent / Amber.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 \_\_\_\_\_, \_\_\_\_\_.

Shay Porter  
Signature of a member or authorized representative of a member

Shay Porter  
Typed or printed name of signer

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000191776  
FILED 8:00 AM  
November 12, 2015  
Sec. Of State  
tchang

**Article I**

The name of the Limited Liability Company is:  
SHOY & JOI LASH SPA STUDIO "LLC"

**Article II**

The street address of the principal office of the Limited Liability Company is:  
7695 MERRILL ROAD  
103  
JACKSONVILLE, FL. 32277

The mailing address of the Limited Liability Company is:  
PO BOX 17052  
JACKSONVILLE, FL. 32245

**Article III**

The name and Florida street address of the registered agent is:  
SHOY S PORTER  
13857 DEVAN LEE DR N  
JACKSONVILLE, FL. 32226

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SHOY PORTER

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### Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR  
RAHSAAN K PORTER  
13857 DEVAN LEE DR N  
JACKSONVILLE, FL. 32226

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### Article V

The effective date for this Limited Liability Company shall be:

11/09/2015

Signature of member or an authorized representative

Electronic Signature: SHOY PORTER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.