

L1400000 75649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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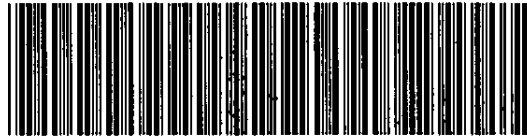
(Business Entity Name)

(Document Number)

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EM PD  
16 MAY 24 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 27 2016  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STUDIO 55 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:

George Murray  
Name of Person  
STudio 55 Barber Shop LLC  
Firm/Company  
6479 CRIMSON LEAF Lane  
Address  
JACKSONVILLE Fla 32244  
City/State and Zip Code  
murraygeorge73@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Murray at (904) 652-5237  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 MAY 24 PM 1:43

TALLAHASSEE, FLORIDA

May 11, 2016

GEORGE MURRAY  
6479 CRIMSON LEAF LANE  
JACKSONVILLE, FL 32244

SUBJECT: STUDIO 55 BARBERSHOP LLC  
Ref. Number: L16000075649

We have received your document for STUDIO 55 BARBERSHOP LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

Please return 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 516A00009964

FILED  
16 MAY 24 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Studio 55 Barber shop 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 4-18-2016 and assigned Florida document number L16000075649.

This amendment is submitted to amend the following:

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

Studio 55 Supreme KutZ 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)

1265 Lane Ave South  
Unit # 7  
Jacksonville, FL 32210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6479 Crimson leaf Ln  
Jacksonville, FLA 32244

**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:

1265 Lane Ave South unit 7  
Enter Florida street address  
JACKSONVILLE, Florida 32210  
City 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

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6 MAY 24 AM 1:23  
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TALLAHASSEE, FLORIDA

\* If attending 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>
MGR	George Murray	6479 Crimson leaf LN	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Norlishia Lawrence	6479 Crimson Leaf LN	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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 \_\_\_\_\_, \_\_\_\_\_

Handwritten signature: George MURRAY

Signature of a member or authorized representative of a member

Handwritten name: George MURRAY

Typed or printed name of signee

16 MAY 24 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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