

L1400000 75649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

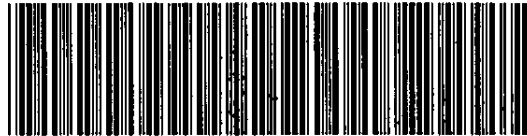
(Business Entity Name)

(Document Number)

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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 Barbershop 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, FL 32210
City State 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
PM 1:23
SECRETARY OF STATE
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
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MAY 14 1:20 PM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

[illegible]

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 _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

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

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