## L16000145208

(Re	equestor's Name)	·
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





100295112341

02/06/17--01022--003 \*\*43.75

2017 FEB -6 A II: 41

n. BRUCE FEB 17 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2017

JEFFREY & STEPHANIE JOHNSON 2019 S FRENCH AVE SANFORD, FL 32771

SUBJECT: GOLDENGOODIEZ HAIR LLC

Ref. Number: L16000145208

We have received your document for GOLDENGOODIEZ HAIR LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 617A00002532

2017 FEB -6 A II: 4

## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
SUBJECT: Golden Godiez H	City L		
· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.		
Please return all correspondence concerning this matter to the	e following:		
Stephanie & Je	Hen J Johns Name of Person	<u> </u>	
Godfo Grandie	Pirm/Company	pply LLC	
10335 Cardin	alcoxecircle		
Sanford, 7	L 32771 ity/State and Zip Code		
Golden Collez (To be	10 gunail.com	cation)	
For further information concerning this matter, please call:			
Skipmine 3 Teffery Tehrsen	at (448) (69) C Area Code Daytime	S82 or (448). 41	5067
Enclosed is a check for the following amount:		TA <sub>S</sub> ≃	2
\$25.00 Filing Fee South \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy Additional copy is onelooed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ntions Enter Circle	· •

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concluded Limited Liability Com	pany as it now appears on our records.)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organ	ACUMO IN	MC and assigned
This amendment is submitted to amend the following:		
A. If amonding name, enter the new name of the limited	essonal LC	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	SECURE SERVICES
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- NA	P. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		nter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
<del></del> .	, Florid	
	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

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 Type of Action Address Title. Name □ Add □ Remove □ Change □ Add □ Remove ☐ Change PPY [ □ Remove ☐ Change A HASSEE, FLORIDA Remove \_ Change ☐ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
We will continue to sell on signature Heir line
under the name "GoldenGoodiez Heir"always.
The name of the store 4+ self shall be
undayed to Golden Goodiez Beauty Supply U.C.
for use usil be exspanding ax branch.
Our Loca ter the stare and brund
of our Mainline" Golden Goodiez Hair"is
included for further information.
Golden Grandie z Beauter Sundril LC. And
now) De a fally sterched beauty simily
Show of the state
·
Trankla.
( All in All
(Ouner of Childer Goodre
BARRY SUAPILY)
E. Effective date, if other than the date of filing: (If an offective 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 adm; on the earlier of:  (b) The 90th day after the record is filed.
(b) The 90th day after the record is filed.
Dated Televicing 14th, 2017.
Mun Munson )
Signaplife of a member of authorized appresentative of a member
Stephanie I. Jahren  Typed or printed risine of signer

Page 3 of 3

Filing Fee: \$25.00