

L16000145208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

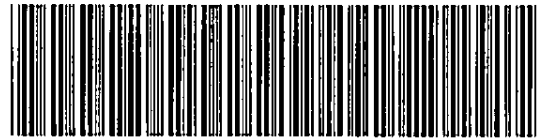
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000305009120

000305009120
10/27/17--01022--005 **30.00

FILED
17 OCT 27 AM 11:00
DIVISION OF

OCT 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golden Goodiez Beauty Supply 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:

Jeffrey Johnson
Name of Person

Golden Goodiez Beauty Supply LLC
Firm/Company

2110 Fairfield drive
Address

Sanford FL 32771
City/State and Zip Code

goldengoodiez1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Johnson at (443) 691-0582
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**

Golden Goodie Beauty Supply 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 8/03/16 and assigned
Florida document number 81-3364956

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)

209 W. 1st
Sanford, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

216 Fairfield drive
Sanford, FL 32771

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:

Jeffery Johnson

New Registered Office Address:

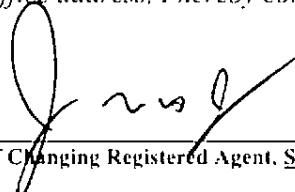
216 Fairfield drive

Enter Florida street address

Sanford, Florida 32771
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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Jeffery Johnson	Jeffery Johnson	<input checked="" type="checkbox"/> Add
		10885 Cardinal Cove	<input type="checkbox"/> Remove
		Sanford, FL 32771	<input type="checkbox"/> Change

AMBR	Stephanie Johnson	Stephanie Johnson	<input type="checkbox"/> Add
		10885 Cardinal Cove	<input type="checkbox"/> Remove
		Sanford, FL 32771	<input checked="" type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 OCT 27 AM 11:00
FILED

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

We will be combining our business with a salon, in hopes to obtain a franchise type business, with further growth.

We will continue to sell our hair line under the name "Golden Cordiez Hair", always. The store will be located inside of "Braunstones Hair".

Jeffery Johnson will be taking over most of the responsibilities of this company and another company as well. Though we will be partners his percentage shall be stated greater than the other authorized agents.

Thank you,

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 October 25, 2017.

Signature of a member or authorized representative of a member

Jeffery A. Johnson

Typed or printed name of signee

FILED
17 OCT 27
11:00
MICHIGAN