

216000152273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

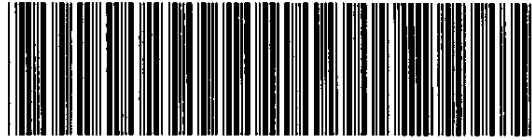
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/16--01032--015 **25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 SEP -6

FILED

09/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Protections 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:

Curshawn Simmons

Name of Person

Firm/Company

5517 Beach Blvd

Address

Jacksonville FL 32207

City/State and Zip Code

Trapset02@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Curshawn Simmons

904 472-1344
at ()

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**

Profections 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 08/15/2016 and assigned
Florida document number L16000152273.

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)

Profections Barbershop

5517 Beach Blvd

Jacksonville Fl 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Profections Barbershop

5517 Beach Blvd

Jacksonville Fl 32207

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:

Curshaw Simmons

New Registered Office Address:

2020 Whitner st

Enter Florida street address

Jacksonville

City

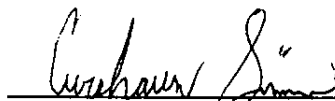
, Florida

32209

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Curshawn Simmons	5517 Beach Blvd	<input checked="" type="checkbox"/> Add
		Jacksonville Fl 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Matthew Jackson	1580 Oldenburg Dr	<input type="checkbox"/> Add
		Jacksonville Fl 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
SEP 11 2011
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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

16 SEP -6
STATE
TALLAHASSEE, FLORIDA

16 SEP -6
ALLIANCE, FLORIDA

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 8-15, 2016

Carthage, Tenn

Signature of a member or authorized representative of a member

Curshaw Simmons

Typed or printed name of signee