

U70000031223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

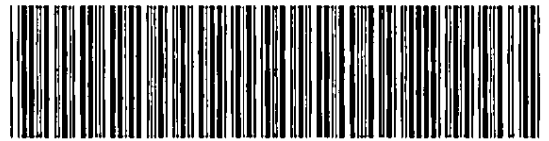
(Document Number)

Certified Copies _____ Certificates of Status _____

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S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2018

ROBERT MICHAEL POLAK
563 W EAU GALLIE BLVD
MELBOURNE, FL 32935

SUBJECT: TRADITIONALS CUTS, SHAVES & BREWS LLC
Ref. Number: L17000031223

We have received your document for TRADITIONALS CUTS, SHAVES & BREWS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

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: 518A00013236

RECEIVED

2018 AUG -1 AM 10:32

Division of Corporations
2018 AUG 1 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRADITIONALS CUTS, SHAVES & BEWS, 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:

ROBERT MICHAEL POLAK
Name of Person

TRADITIONALS CUTS, SHAVES & BEWS
Firm/Company

563 W. EAGLE BLVD
Address

MELBOURNE, FL 32935
City/State and Zip Code

BRUZERS @ AOL COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT MICHAEL POLAK at (321) 987-9311
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

Traditional Cuts, Shaves & Brews 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 11/7/2000 and assigned
Florida document number 81223.

This amendment is submitted to amend the following:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Colleen Davis

New Registered Office Address:

Colleen Davis 5317 YARBER AVE

Enter Florida street address

Cocoa

City

Florida

32927

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.

Colleen Davis

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>
MGR	Colleen Nicole Davis	5317 YARBER AVE.	<input checked="" type="checkbox"/> Add
		Cocoa, FL 32927	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALAN S. MERRICK	605 DUNDEE CR	<input type="checkbox"/> Add
		MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[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 6/21/18, 2018.

ROBERT MICHAEL POLAK
Typed or printed name of signer

5:53
-1
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