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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

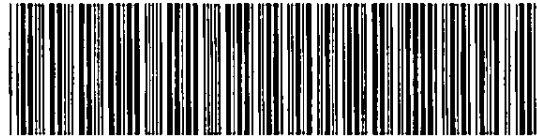
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J
9/18/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUT CITY 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:

RUBEN DE JESUS CRUZ

Name of Person

CUT CITY BARBERSHOP, LLC

Firm/Company

11205 W ATLANTIC BLVD APT 205

Address

CORAL SPRINGS, FL 33071

City/State and Zip Code

RUCRUZ1977@GMAIL.COM

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

For further information concerning this matter, please call:

RUBEN CRUZ

347 324-0943
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

GIFTED HANDZ BARBERSHOP, LLC

Page 1 of 3

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 |
|-------|------|---------|---------------------------------|
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 TALLAHASSEE, FLORIDA

[illegible]

Sept. 05th 2017

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

09/05. 2017
Signature of a member or authorized

Signature of a member or authorized representative of a member

Ruben De Jesus Cruz

Typed or printed name of signee