

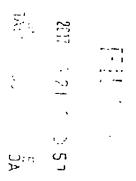
(Requestor's Name)
(Address)
(Address)
` · ·
(City/State/Zip/Phone #)
(City/State/2/p/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200302708602

00/21/17-01010--001 \*\*25.00



NR 22 311

## **COVER LETTER**

TO: Registration S Division of Co			
1st and Ma SUBJECT:	nin Hair Studio. LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub	<u>-</u>	
ricase return an corresp	ondence concerning this matter		
	Summer L. McLaughlin		
		Name of Person	
	Grunder & Petteway, P.a.		
		Firm/Company	
	23349 NW CR 236, Ste. 10	0	<u>-</u> ⁴ na
		Address	-
	High Springs, FL 32643		
		City/State and Zip Code	~ ~
	summermelaughlin@grund E-mail address: (	er-petteway.com to be used for future annual report noti	fication)
For further information (	concerning this matter, please co	ull:	
Summer L. McLaughlir	1	386 454-1298 x 3	رں د
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n rations

Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1st and Main Hair Studio, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited)	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L	iability Company	were filed on June 21, 20	017	and assigned
Florida document number L17000135513	<del>,</del>			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabi	ility Company," the designation	n "LLC" or the abbr	eviation."L.L.C."
Enter new principal offices address, if applic	able:		1	
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	است. م
		<del> </del>		
				المعالم المالية
Enter new mailing address, if applicable:		15806 NW 78th Ave.		<u></u>
(Mailing address MAY BE A POST OFFICE	BOX)	Alachua, FL 32615	· ,	<u> </u>
B. If amending the registered agent and	or registered a	iffice address on our r	acords ontor th	oo nome of the ne
registered agent and/or the new registered of			ecorus, <u>enter tr</u>	ie name or the ne
Name of New Registered Agent:	Christine C. Ba	arber		
New Registered Office Address:	15806 NW 78t	ih Ave.		
	•	Enter Florida stree	t address	
	Alachua		Florida 3261	5
		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.

f 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>	Address	Type of Action
MGR	Christy C. Barber	15608 NW 78th Ave.	
		Alachua, Fl. 32615	■ Remove
			Change
MGR	Christine C. Barber	15806 NW 78th Ave.	■ Add
		Alachua, FL 32615	□ Remove
			Change
			Add
		<del></del>	Remove
			Change
			Remove .
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change

	<u> </u>		
		_	
			<del></del>
		=:	2017
			<u> </u>
		<u>,:</u>	<u></u>
ن . د .			4,3
ئى		-	. <u>F</u>
		⊼. 31	۱۰۰ د
	g requirements, this	aate wiii n	ot be listed a
ote: It the date inserted in this block does not meet the applicable statutory tring requirements, this date will not be listed inclinent's effective date on the Department of State's records.			
ocument's effective date on the Department of State's records.	ime, at 12:01 a	i.m. on th	ie earlier (
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies the poth day after the record is filed.			
ocument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie			
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or m	-	ore than 90 days after g requirements, this time, at 12:01 a	(optional) fore than 90 days after filing.) Pursu g requirements, this date will not

Page 3 of 3

Filing Fee: \$25.00