

L17000180942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

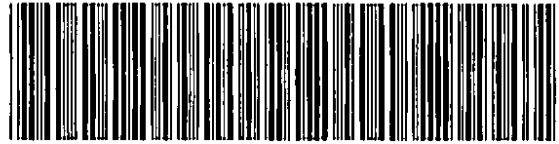
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR -5 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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APR 07 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR -5 AM 7:

SECRETARY OF STATE
TALLAHASSEE, FL

March 16, 2022

NEW LIFE HAIR STUDIO
1499 NE BEULAH CHURCH RD
LEE, FL 32059

03042201030018

Subject:
RE: 122A00006193

We have received your document for the above Fictitious Name and your check(s) totaling \$60.00; however, the document **has not been filed** and is being returned for the following:

PLEASE CALL OUR TO DETERMINE WHAT YOU ARE TRYING TO FILE. IT APPEARS THAT YOU MAYBE TRYING TO CHANGE THE NAME OF YOUR LLC. TO ACCOMPLISH THAT YOU WILL NEED TO FILL OUT AMENDMENT PAPERS AND NOT A FICTITIOUS NAME FILING. 850-245-6059

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

WILLIAM LAWRENCE
Reinstatement Section
Division of Corporations

Letter No. 122A00006193

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Life 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:

Lenin Valdez

Name of Person

New Life Barbershop LLC

Firm/Company

1499 NE Buleah Church rd

Address

Lee FL 32059

City/State and Zip Code

Freshcuts87@gmail.com

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

For further information concerning this matter, please call:

Lenin Valdez

Name of Person

at (386) 339-8157

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

APR -5 AM 7: 54

SECRETARY OF STATE
TALLAHASSEE, FL

New Life 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 08/24/2017 and assigned
Florida document number L17000180942

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

New Life Hair Studio, LLC

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**)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]


[illegible]

(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)

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 March 30 2022.

March 30 1966



Signature of a member or authorized representative of a member

Lenin Valdez
Typed or printed name of signee

Filing Fee: \$25.00