

217000260232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300312320253

04/26/18--01007--022 **55.00

FILED
18 APR 27 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY

MAY - 1 2018

EVERETT FINKLEA

Name of Person

STARS HAIR AND BEAUTY SUPPLY PLUS "L.L.C.,"

Firm/Company

6921 SUNSET STRIP

Address

SUNRISE, FLORIDA 33313

City/State and Zip Code

finkleae@bellsouth.net

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

For further information concerning this matter, please call:

EVERETT FINKLEA

Name of Person

at (954)

Area Code

8228649

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

SMILES AND STYLES HAIR AND BEAUTY SUPPLIES/SHOES 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 was filed _____ on 12/20/2017 on
and assigned 12/21/2017 **SMILES AND STYLES HAIR AND BEAUTY SUPPLIES/SHOES**

Florida document number **L1700260232**
L17000260232 LLC

This amendment is submitted to amend the following:

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

STARS HAIR AND BEAUTY SUPPLY PLUS" L.L.C.,"

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable: 6921 SUNSET STRIP

(Principal office address MUST BE A STREET ADDRESS) SUNRISE, FLORIDA 33313

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) 613 NW 135 TERRACE
PLANTATION, FLORIDA 33325

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:

EVERETT FINKLEA
Name of New Registered Agent: _____

613 NW 135 TERRACE
New Registered Office Address: _____

Enter Florida street address

PLANTATION 33325
, Florida

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.

Everett Finklea

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	EVERETT FINKLEA	613 NW 135 TERRACE, PLANTATION, FLORIDA 33325	<input checked="" type="checkbox"/> Add

☐ Remove

☐ Change

☐ Remove

☐ Change

☐ Remove

☐ Change

☐ Remove

☐ Change

☐ Remove

☐ Change

FILED
APR 27 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Add

☐ Add

☐ Add

☐ Add

☐ Remove

☐ Change

Page 2 of 3

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

FILED
APR 27 PM 1:30
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
18 APR 27 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 4/23/18 (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

4/23/18

Everett Finklea

Signature of a member or authorized representative of a member

EVERETT FINKLEA

Typed or printed name of signer