

L18000000 267

(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



000339881630

01/31/20--01005--015 **25.00

2020 JAN 31 PM 5:27

30

C GOLDEN

FEB 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Katie K Hair Studio
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:

Katie Kunz

Name of Person

Knotty Buns Hair Boutique LLC

Firm/Company

3653 Citrus Trace Unit 4

Address

Davie, Florida 33328

City/State and Zip Code

005kek@gmail.com

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

For further information concerning this matter, please call:

Katie Kunz

954 6439218
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 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**

Katie K Hair Studio LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2025 JUN 31 PM 5:27

The Articles of Organization for this Limited Liability Company were filed on 1/02/2018 and assigned
Florida document number L18000000267.

This amendment is submitted to amend the following:

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

Knotty Buns Hair Boutique 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)

5400 S. University Drive

Davie, Fl. 33328

Suite 406

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3653 Citrus Trace

Davie, Fl. 33328

Unit 4

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

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.

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

[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 January 21, 2020

Katelyn King
Signature of a member or authorized representative of a member

Kaitlyn Kunz.

Typed or printed name of signee