

L18000627896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

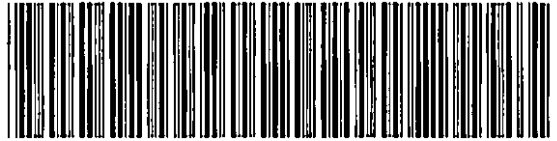
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

VS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: I GOT DREADS ON LOC L.L.C.

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:

Ermeshia Petite

Name of Person

I GOT DREADS ON LOC L.L.C.

Firm/Company

1246 E HILLSBOROUGH AVE
STE B

Address

TAMPA, FL 33604

City/State and Zip Code

neshiapetite@gmail.com

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

For further information concerning this matter, please call:

Ermeshia Petite

313

655-1885

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

I GOT DREADS ON LOC L.L.C.

(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 1/31/2018 and assigned
Florida document number L18000027896.

This amendment is submitted to amend the following:

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

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:

2780 E. Fowler Ave

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33612

Enter new mailing address, if applicable:

2780 E. Fowler Ave

(Mailing address MAY BE A POST OFFICE BOX)

PMB # 187

Tampa, FL 33612

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18
CLERK OF CIRCUIT COURT
HILLSBORO COUNTY, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jean Jacinthe	3280 Tamiami Trl	<input type="checkbox"/> Add
		ste 55A	<input checked="" type="checkbox"/> Remove
		Port Charlotte, FL 33952	<input type="checkbox"/> Change
MGR	Ermeshia Petite	1246 E. hillsborough ave	<input type="checkbox"/> Add
		ste B	<input type="checkbox"/> Remove
		Tampa, FL 33604	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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HILLSBOROUGH COUNTY, FLORIDA

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

☒ Please make note of the address change and the removal of one of the managing member Jean Jacinthe

☐ Also Change Emeshia Petite to Emeshia Williams. Marital status change back to my Maiden Name.

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SECRETARY OF STATE

E. Effective date, if other than the date of filing: _____ (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 8/22 2018



Signature of a member or authorized representative of a member

Jean Jacinthe

Typed or printed name of signee