

2180000 45787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

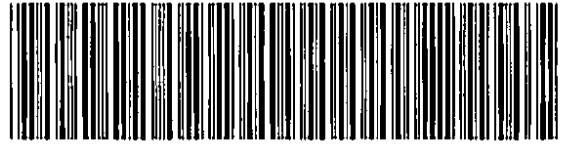
(Business Entity Name)

(Document Number)

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2018 DEC 21 PM 10:39
TALLAHASSEE, FL 32301

12/27/18 CS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2018

VOLKAN SONMEZ
6727 S LOIS AVE
APT 910Q
TAMPA, FL 33616

SUBJECT: VOLCAN ENTERPRISE LLC
Ref. Number: L18000045787

We have received your document for VOLCAN ENTERPRISE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add LLC suffix at the end of the business name.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 718A00024943

2018 DEC 21 AM 10:16

2018 DEC 21 PM 10:39
HARRIS, J. C.

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

VOLCAN ENTERPRISE 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 02/20/2018 and assigned
Florida document number L18000045787.

This amendment is submitted to amend the following:

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

MP SCALP 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:

6727 SOUTH LOIS AVE. APT.910

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6727 SOUTH LOIS AVE. APT.910

(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:

VOLKAN SONMEZ

New Registered Office Address:

6727 SOUTH LOIS AVE. APT.910

Enter Florida street address

TAMPA

City

Florida 33616

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	VOLKAN SONMEZ	6727 SOUTH LOIS AVE. APT.910 33616 TAMPA/FL	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated 11/19 2018

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

VOLKAN SONMEZ

Typed or printed name of signee