

L18 000 262093

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 12 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hair Masters 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:

Lakisha Jenkins

Name of Person

Barbershop

Firm/Company

4111 N. State Road 7

Lauderdale

Address

Lakes Fl. 33319

City/State and Zip Code

Barberstylist11@icloud.com

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

For further information concerning this matter, please call:

Lakisha Jenkins

Name of Person

at (954) 404-2866

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

Hair Masters Barber Shop

(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 Nov. 8, 2018 and assigned Florida document number L18000262093.

This amendment is submitted to amend the following:

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

Hair Masters Barbershop and unisex Salon. L.L.C

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)

4111 N. State Road 7
Lauderdale Lakes Fl.
33319.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4111 N. State Road 7
Lauderdale Lakes Florida
33319.

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lakisha Jenkins

New Registered Office Address:

3515 W. Atlantic Blvd. #1403

Enter Florida street address

Pompano beach

City

Florida

33069.

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 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.

L. Jenkins

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

Title	Name	Address	Type of Action
MGR	Lakisha Jenkins	4111 N. State Rd. 7	Lauderdale Lakes, 33319 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Sanon Jean	4111 N. State Road. 7	Lauderdale Lakes, 33319 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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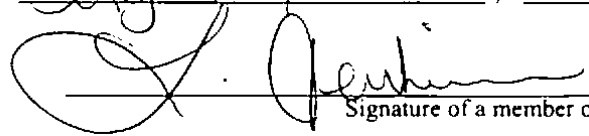
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E. Effective date, if other than the date of filing: 7/30/2019 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note: If the date 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 July 30, 2019.



Signature of a member or authorized representative of a member

Lakisha Jenkins

Typed or printed name of signee