

L19 000 283 338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

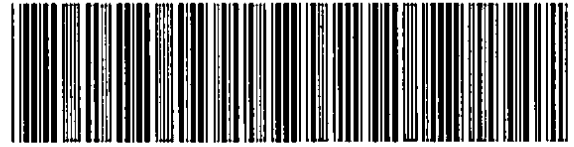
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 MAR 13 PM 12:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAR 27 2020  
M. SOLOMON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scalp Revolution  
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:

Hershal W. Barger  
Name of Person

Scalp Revolution  
Firm/Company

5175 US Hwy 98 N  
Address

Lakeland, FL 33809  
City/State and Zip Code

scalprevolution4u@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hershal W. Barger at (863) 838-3892  
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**

Scalp Revolution

(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 11/13/19 and assigned  
Florida document number L1900028338.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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OF FLORIDA  
TALLAHASSEE, 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:

N/A

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.*

N/A

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>
<u>MGR</u>	<u>Hershal W. Barger</u>	<u>2316 Geneva Dr.</u>	<input type="checkbox"/> Add
		<u>Lakeland FL 33805</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Denovan G Barger</u>	<u>2316 Geneva Dr.</u>	<input type="checkbox"/> Add
		<u>Lakeland FL 33805</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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STATE OF FLORIDA

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

- what is changing - Titles from CEO's to Managers
- why changing - Starting a bank account and they told me the title needs to say manager to start the business account.
- wish I had known that from the start I could have saved 10 days and multiple hours on the phone being counted down from caller 4 in line to be the next caller then hanging up or repeatedly. please don't count down from 4 to 1 and then say your to busy, wasn't you to busy at 4? Just a friendly tip ↑

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 March 11, 2020.

Hershal W. Barger

Signature of a member or authorized representative of a member

Hershal W Barger

Typed or printed name of signee

DEPARTMENT OF STATE  
CLERK ASSISTANT  
DAVID

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