

170000099170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

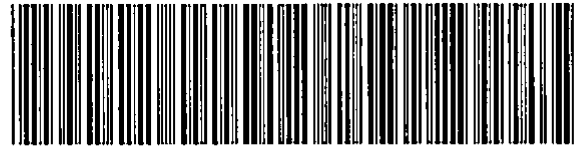
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/12/20--01007--017 **25.00

RECEIVED

MAY 11 2020

20 MAY 11 PM 9:09

JUN 02 2020
C. MONTANA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hair's My Canvas LLC
Name of Limited Liability Company

20 MAY 11 PM 9:01

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Zeitz
Name of Person

Firm/Company

6894 Sugarloaf Key St
Address

Lake Worth, Florida 33467
City/State and Zip Code

havl1c23@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Zeitz at (904) 314-9070
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Hair's My Canvas LLC

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

20 MAY 11 AM 9:06

The Articles of Organization for this Limited Liability Company were filed on 4/14/2020 and assigned Florida document number L200000099190.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

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	Christine Zeitz	6894 Sugarloaf Key St	<input type="checkbox"/> Add (ke
sole owner		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gregg Zeitz	Same Address	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Nothing else - My bank ^{Wells Fargo} told me that I added my husband under AMBR was incorrect. I am sole owner/Manager and I thought that AMBR was just an authorized person incase I was in a coma etc. and could not make decision for the business. I felt misled when I called customer service with ~~Scholar~~ Sunbiz so I guess I'm paying to take my husband off so they can ^{Bank} ~~open~~ release hold on my business acct. so sorry this is my first time with all this. Thank you for listening.

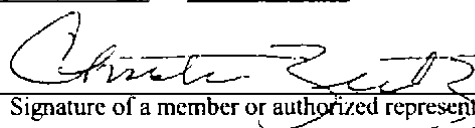
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

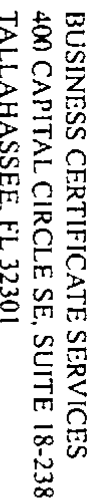
Dated May 7, 2020.



Signature of a member or authorized representative of a member

Christine Zeitz

Typed or printed name of signee



2020 CERTIFICATE OF STATUS REQUEST FORM

**FOR QUESTIONS CALL:
1 (855) 755-3357**




MON-FRI 9am - 5pm EST

415.....MIXED AADC 335**1-2

HAIR'S MY CANVAS LLC
6894 Sugarcreek Key St
Lake Worth, FL 33467-7652

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT CLEARLY.

Document Number: L20000099190	Notice Date: 4/14/2020	Please Respond By: 4/21/2020
Business Address: HAIR'S MY CANVAS LLC 6894 Sugarloaf Key St Lake Worth, FL 33467-7652		
		

Congratulations on registering your business with the State of Florida. Your Articles have been filed with the secretary of state and are complete. You have one step left in order to attain your elective Florida Certificate of Status. Below is a form for your newly registered business. Please confirm the accuracy of the information below for your Florida Certificate of Status request.

A Florida Certificate of Status is issued by the Secretary of State and may be required for loans, to renew business licenses, or for tax or other business purposes. A certificate of Status certifies that your Florida business is in existence, is authorized to transact business in the state and complies with all state requirements. The Certificate of Status shows the official evidence of an entity's existence and provides a statement of an entity's status, current legal name and date of formation. The Certificate of Status bears the official seal of the Florida Secretary of State.

Business Information

Business Name:

HAIR'S MY CANVAS LLC

Document Number:

L20000099190

Certificate of Status Fee:

567.25

This is not a government agency