

L21000193935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

W 24000152810 (Will wait)  
On November 13, 2024,  
Marquitta Williams, Annual Report /  
waived the \$100.00  
fee due to technical  
issues with our system.

Office Use Only

Anissa Butler, Regulatory  
specialist II Amendment  
section



700439051927

700439051927  
11/14/24--01001--001 \*\*25.00

2024 NOV 13 PM 2:40  
RECEIVED

2024 NOV 13 PM 1:54  
RECEIVED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRECISION CUTS 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:

LATAROUS DAVIS  
Name of Person

P  
Firm/Company

1626 West Jefferson St.  
Address

Quincy FL 32351  
City/State and Zip Code

Lakemie.house@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LATAROUS DAVIS at (850) 296-4356  
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**

PRECISION CUTS LLC

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

JUL 13 PM 2:40

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L21000193935.

This amendment is submitted to amend the following:

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

PRECISION CUTS BARBERSHOP 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:**

**(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

\_\_\_\_\_, 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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.

Dated November 13, 2024

  
Signature of a member or authorized representative of a member

LAJARIOUS DAVIS  
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2024

LAJAROUS DAVIS  
1626 WEST JEFFERSON ST.  
QUINCY, FL 32351

SUBJECT: PRECISION CUTS, LLC  
Ref. Number: L21000193935

We have received your document for PRECISION CUTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$99.50.

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) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 424A00024840

11/13/24

NOTES DETAIL SCREEN

2:22 PM

CORP NUMBER: L21000193935 CORP NAME: PRECISION CUTS, LLC

IT ERROR 3/9/22 MW...

+ NEXT, - PREV, 1. MENU, 2. FILING, 4. EVENTS, 5. TOP

ENTER SELECTION AND CR:

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2024 NOV 13 PM 2:39

100439572671  
11/13/24--01001--030 \*\*416.75

CR2E041 (1/14)

DOCUMENT # L21000193935

1. Limited Liability Company's Name

2. Principal Office Address - No P.O. Box #

11026 West Jefferson St.

Suite, Apt. #, etc.

3. Mailing Office Address

11026 West Jefferson

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip

32351

Country

Gadsden

City & State

Quincy, FL

Zip

32351

Country

Gadsden

4. State/Country of Formation

Florida / United State

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

86-1998314

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name

LaTarous V. Davis

Street Address (P.O. Box Number is Not Acceptable) Suite,

11026 West Jefferson St.

Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/13/2024

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	LaTarous V. Davis	11026 West Jefferson St.	Quincy, FL 32351

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

11/13/2024

Daytime Phone #

(850) 296-4356

Typed or printed name of signing authorized representative/member

LaTarous V. Davis