# L21000451906

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Office Use Only



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**QWIK COURIER** 

850-284-4584

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER PLEASE USE NAME ON THE REQUEST.

### PLEASE PUT IN OUR BOX WHEN COMPLETED

CUSTOMER JOSEPH E. HENRY
FOR
Hype Touch Barber Shop

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hype Town Barber Salon 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:
Name of Person
Hype Touch Borner Salon  Firm/Company
7280 w Ookland Park Blud
Louderhill FL 33311 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSEPHENTY at (954) 1038 7660  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{(additional copy is enclosed)}\$  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

(Name of the Limited Liability Compa (A Florida Limited)	iny as It now appears on our records.)  Ciability Company)
The Articles of Organization for this Limited Liability Company	were filed on 1018/2071 and assigned
Florida document number <u>L21000451906</u>	
This amendment is submitted to amend the following:	$\frac{1}{2}$
A. If amending name, enter the new name of the limited liab	ility company here:
Hupe Touch Borber Solor The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	7280 WOOKLAND POIK Blue LOUGANILL FL 33311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3623 NW 30th Place Apt 116 Lauderdale Lakes, FL 33311
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 7250 \	WONLOOD PAYK BUCK Enter Florida street address
Laude	City, Florida 333 \ Zin 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 amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Filing Fee: \$25.00