

L23000245269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

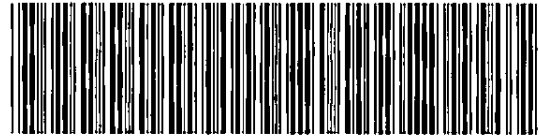
(Document Number)

Certified Copies _____

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2023 MAY 23 PM 3:47

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STATE OF FLORIDA

FILED

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$60.00

Authorization Signature: *Jan Tuller* :

UR BEAUTY AT TRUFAMILY BARBER ACADEMY LLC

L23000245269

BUSINESS NAME

DOCUMENT #

☒ **Certified Copy**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ CORP
☐ LLLP

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE
☐ Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

☒ **Amendment**
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Articles of Conversion
☐ Amended and restated Articles
☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UR BEAUTY AT TRUFAMILY BARBER ACADEMY 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:

Luis Jordan

Name of Person

Firm/Company

1972 Marabou DR

Address

Davenport FL, 33896

City/State and Zip Code

trufamilybarbershop@gmail.com

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

For further information concerning this matter, please call:

Luis Jordan

407

334-2844

Name of Person

at ()

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**

UR BEAUTY AT TRUFAMILY BARBER ACADEMY LLC

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

FILED
2023 MAY 23 PM 3:30

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/18/2023 and assigned
Florida document number L23000245269.

This amendment is submitted to amend the following:

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

UR BEAUTY AT TRUFAMILY BARBER ACADEMY 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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

New Registered Office Address:

NA

Enter Florida street address

NA

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

2023 MAY 23 PM 3:31
CLERK OF STATE
TALLAHASSEE, FL

2023 MAY 23 PM 3:31
LIBRARY OF STATE
TALLAHASSEE, FL

100-443887-100

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.

MAY 23 1961

2023

Dated

Signature of a member or authorized representative of a member

Luis Jordan

Typed or printed name of signee

Filing Fee: \$25.00