

L23000403 023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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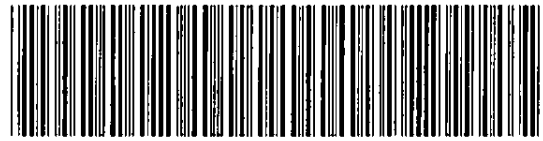
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

HILL CORP

12148 SAN JOSE BLVD JACKSONVILLE, FL 32223 | 904-551-4006 | FAX:DOCS@BELLEANDASSOCIATES.COM

September 10, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: AMENDMENT OF ARTICLES OF ORGANIZATION - FADE-EM ALL BARBER
ACADEMY LLC (DOCUMENT NUMBER 1250004030230)

Florida Dept of State,

The enclosed is Amendment of Articles of Organization (address change) ICO of
business entity Fade-Em All Barber Academy LLC.

If you require any further information or documentation from us, please do not hesitate
to contact our office at 904-551-4006 or txdocs@belleandassociates.com. Additionally,
the Manager of the organization (Jamaal Kato) at 904-483-6623.

Thank you for your time and consideration in this matter.

Sincerely,

Sherman Ledet, Principal
HILL CORP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FADE 'EM ALL BARBER ACADEMY LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SHERMAN LEDET

Name of Person

HILL CORP

Firm Company

12708 SAN JOSE BLVD. STE 1B

Address

JACKSONVILLE, FLORIDA 32223

City/State and Zip Code

taxdoes@beleandassociates.com

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

For further information concerning this matter, please call:

JAMAAL KATO

904

483-6623

at ()

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**

FADE TEM ALL BARBER ACADEMY LLC

(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 8-28-2023 and assigned
Florida document number 123000403023.

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)

5111-5 BAYMEADOWS ROAD

JACKSONVILLE, FLORIDA 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5111-5 BAYMEADOWS ROAD

JACKSONVILLE, FLORIDA 32257

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
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECRETARY OF DEFENSE
TALMADGE
SEP 16 PM 2:03
13

2024 SEP 16 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 16 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FL

(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)

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.

Ch. 10

Signature of a member or authorized representative of a member

Typed or printed name of signee

Doc ID: 5b17c07ec755c8e3b883859975ea2643b6cf9c40