117000199065

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COVER LETTER

Division of Corporations
SUBJECT: ASHLEY TOWER GROUP 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:
Action Tower Beauty
ASHLEY TOWER BROUP LLC Firm/Company
7111 NE 222 Nd Street
Melpose Florida 32666 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 5, 2017

ADAM ASHLEY 7111 NE 222ND STREET MELROSE, FL 32666

SUBJECT: ASHLEY TOWER GROUP LLC

Ref. Number: L17000199065

We have received your document for ASHLEY TOWER GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 2 AND 3 IS MISSING.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00024522

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHLEYTOWERGROUP LLC

The Articles of Organization for this Limited Liability Company were filed on 9-26-17 and assigned Florida document number L17000199065. 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 "LLC." 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)	(A FR	orida Limited Liability	Company)	<u>3-</u> /		
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 "LLC". 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)	he Articles of Organization for this Limited Liabilit Jorida document number <u>L 17000/99</u> 6	ty Company were f	iled on 9 - 26	-17	and a	ssigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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)	his amendment is submitted to amend the following	3 :				
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)	. If amending name, enter the new name of the	limited liability co	ompany here:			
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ne new name must be distinguishable and contain the words."	Limited Liability Con	pany," the designation "LLC	or the abbre	eviation "	L.L.C."
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nter new principal offices address, if applicable:					· ··· ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Principal office address MUST BE A STREET AL	ODRESS)		<u> </u>	<u> </u>	£
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B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	egistered agent and/or the new registered office a		Ashley 222 vd S Enter Florida street addres	s. /	32	666
City Zip Code	-4	Ci.	y. Fr		Zip Cod	e

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

Type of Action <u>Title</u> <u>Address</u> Name MER Adam Ashley 7/11 NE 222 nd st MelRose, EL 32666 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add Remove Change, .Œ Add <u>f</u>□ Remove ☐ Change □ Remove ☐ Change

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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 the Note: If the date inserted in this block does not meet the applicable statutory filing requ	un 90 days after filing.) Pursuant to 605 Firements, this date will not be liste
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Filing Fee: \$25.00