

L18000267617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

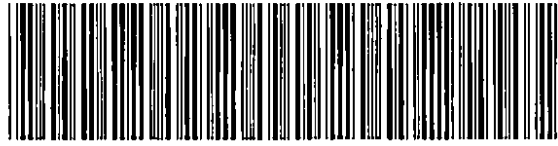
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400321394754

FILED
2018 NOV 28 PM 2:26
K. SALY
ATTORNEY GENERAL

11/28/18--01020--004 **25.00

RECEIVED
OFFICE OF THE ATTORNEY GENERAL
18 NOV 28 PM 2:13

K. SALY
NOV 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chic Hair Salon & Spa 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:

Gisele Mayeur
Name of Person

Chic Hair Salon & Spa LLC
Firm/Company

1750 Sunshadow Dr unit 126
Address

Casselberry, FL 32707
City/State and Zip Code

Blessingwoman1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Mayeur at (321) 444-3926
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
Mrs	Gisele Mayeur	13048 Waterford wood	<input type="checkbox"/> Add
		Circle apt 305	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32828	<input type="checkbox"/> Change
MGR OWNER	JEREMY Mayeur	1750 SUNSHADOW DR	<input checked="" type="checkbox"/> Add
		UNIT 126	<input type="checkbox"/> Remove
		CASSELBERRY, FL 32707	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 NOV 28 PM 2:26
 CLERK
 CHASSER

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

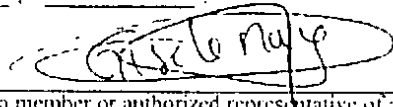
FILED
2018 NOV 28 PM 2:26
STATE OF MASSACHUSETTS
DEPARTMENT OF STATE

E. 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.

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.

Dated 11/25/2018



Signature of a member or authorized representative of a member

Gisele Mayer

Typed or printed name of signee