121000136962

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		į

Office Use Only



700367921777

06/17/21--01012--012 **25.00

2021 JULY 17 PH 12: 16

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BLOOM SALONI 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:	
Brittany Bloom Name of Person	
Bloom Salon UC Firm/Company	
463688 State Road 200, Suite 1-545	
Hulle FL 32097 City/State and Zip Code Britany bloom 1@ 9mail com E-mail address: (to be used for luture annual report notification)	
For further information concerning this matter, please call:	
BnHany Bloom ",904, 412-5590	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Sectificate of Status Certificate of Status (additional copy is enclosed) Sectified 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

BLOOM SALON LL	ompany as it now appears on our	records)	
(Name of the Limited Liability Co	nited Liability Company)	records.	
The Articles of Organization for this Limited Liability Comp	pany were filed on $3/23$	5/2021 an	nd assigned
Florida document number <u>LZ1000136967</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
		•	29
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	i "LLC" or the abbreviati	ள் ட் L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS	S)		
	<u> </u>		
			12
Enter new mailing address, if applicable:		•	:-
,	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records,	enter the name of th	e new registered
Name of New Registered Agent:			
New Registered Office Address:	7, 77		
	Enter Florida street	adaress	
		, Florida	Code
	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 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>	Address	Type of Action
MGR	Brittany Bloom	463/88 State Road Yul	ee Hyrada
)	32097	□Remove
			□Change
MGR	120m Salon LLC	463688 State Rd Yuleeji	□Add
		32097	Cemove
		<u> </u>	Change
		<u> </u>	Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Chanee

							·		
									
				· · · - · · · · · · · · · · · · · · · ·					
								<u> </u>	
	··	• • •					<u>,</u>		
		-							2021 00
									<u>C</u>
		<u></u>						•	
	· · ·								
	·								H 2 16
								:-	16
		 -						-	
	· -				<u> </u>				
ctive date.	if other than is listed, the date	the date of fi	ling:				(optiona	l)	
effective date e: If the dat	is listed, the date to inserted in thi	must be specific s block does no	and cannot bot meet the	e prior to dat applicable :	e of filing or m statutory filin	ore than 90 da g requiremer	ys after filin its, this dat	g.) Pursua te will no	ant to 605,02 of be listed
	ective date on th				·				
cord specific stiled.	s a delayed effe	ective date, but	not an effec	ctive time, a	t 12:01 a.m.	on the earlier	rof; (b) il	The 90th	day after th
			7	, (
ed	5/1	<u> </u>	202	<u>. </u>					
	62	WY T	,						
	~ 1/. 1.								

Filing Fee: \$25.00