

L18000267617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

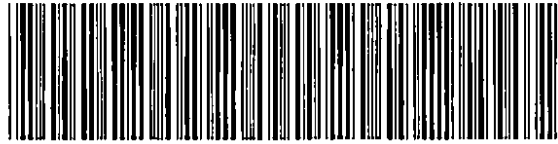
(Business Entity Name)

(Document Number)

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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:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Chic Hair Salon & Spa LLC

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

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2018 NOV 28 PM 2:26  
CLERK OF DISTRICT COURT  
HALL COUNTY FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/25/2018 and assigned  
Florida document number L18000267617.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1750 Sunshadow Dr unit 126  
Casselberry  
FL 32707

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:

Jeremy Mayeur

New Registered Office Address:

1750 Sunshadow Dr unit 126

Enter Florida street address

Casselberry

Florida

32707

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

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CLARK  
CASSELBERRY

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

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CLERK OF SUPERIOR COURT  
JANESVILLE, WI

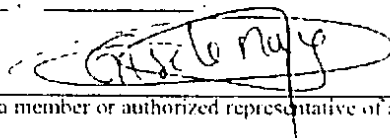
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 Mayeur

Typed or printed name of signee