

L02000012013

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TALLAHASSEE, FLORIDA

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JUN 27 2016

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 12th Avenue Salon Suites, L.L.C.
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:

Kerry Anne Scholtz

Name of Person

Fountain, Scholtz & Associate, P.L.

Firm/Company

2045 Fountain Professional Ct. Ste. A.

Address

Navarre, FL 32566

City/State and Zip Code

Kascholtz@fountainlaw.com

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

For further information concerning this matter, please call:

Kerry Anne Scholtz

Name of Person

at (850)

Area Code

939-3535

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

12th Avenue Salon Suites, L.L.C.
(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 5/13/2002 and assigned Florida document number L02000012013.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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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>
MGR	Mary Quay Chastain	406 Deer Point Drive	<input type="checkbox"/> Add
		Gulf Breeze, FL 32561	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mary Quay Chastain	2900 N. 12th Avenue	<input checked="" type="checkbox"/> Add
	Trustee of the	Pensacola, FL 32503	<input type="checkbox"/> Remove
	Mary Quay Chastain		<input type="checkbox"/> Change
	Revocable Trust,		
	dated June 20, 2016		
			<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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 Add
 Remove
 Change

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

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

June 22 2014

Margaret Chastain
Signature of a member or authorized representative of a

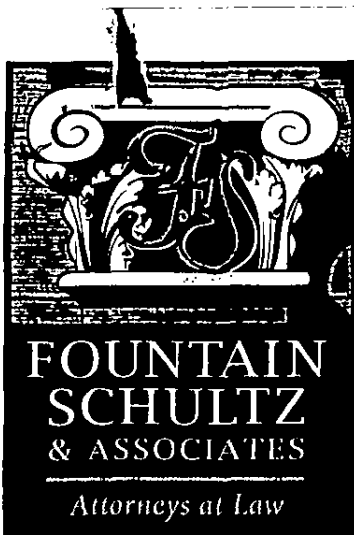
Signature of a member or authorized representative of a member

Mary Quay Chastain
Typed or printed name of signee

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

June 21, 2016

VIA REGULAR U.S. MAIL

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

RE: 12th Avenue Salon, Suites, L.L.C.

Dear Sir or Madam:

Enclosed please find the original Articles of Amendment to Articles of Organization for the above LLC and a check in the amount of \$25.00 for filing fees regarding the above referenced LLC.

If you should have any questions, please feel free to contact me. Thank you for your consideration.

Sincerely,
Fountain, Schultz & Associates, P.L.

Kerry Anne Schultz, Esq.

KAS/arz
Enclosures as stated.

cc: 12th Avenue Salon, Suites, L.L.C.

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FLORIDA 32566
TEL: (850) 939-3535
FAX: (850) 939-3539

SANTA ROSA BEACH
TEL: (850) 622-2700
FAX: (850) 622-2722