

01/23/2019 WED 14:46
1/23/2019

FAX 2392637922 Wood Buckel & Carmichael
Division of Corporations

001/005

L12000029279

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000028057 3)))



H190000280573ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC
Account Number : I20170000051
Phone : (239)552-4100
Fax Number : (239)263-7922

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bsm@wbcattorneys.com

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

19 JAN 23 AM 9:55

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIMPLE BEAUTY STUDIO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC 25 2019

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

(((H19000028057 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMPLE BEAUTY STUDIO 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:

BONIE S. MONTALVO

Name of Person

WOOD, BUCKEL & CARMICHAEL

Firm/Company

2150 GOODLETTE ROAD NORTH SIXTH FLOOR

Address

NAPLES, FL 34102

City/State and Zip Code

BSM@WBCLAWYERS.COM

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

For further information concerning this matter, please call:

BONIE S. MONTALVO

239

552-4138

at ()

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

(((H19000028057 3)))

(((H19000028057 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

SIMPLE BEAUTY STUDIO LLC

(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 02/29/2012 and assigned
 Florida document number L12000029279.

This amendment is submitted to amend the following:

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

Simple Beauty Studio North Naples, LLC

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:

Wood, Buckel & Carmichael

New Registered Office Address:

2150 Goodlette Road North, Sixth Floor

Enter Florida street address

Naples

Florida 34102

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

(((H19000028057 3)))

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>
_____	_____	_____	<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
_____	_____	_____	<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

(((H19000028057 3)))

((H19000028057 3)))

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

19 JAN 23 AM 9:55
KANSAS FLD: 14

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

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 1 / 23 / 2019

C. L. Wood

Signature of a member or authorized representative of a member

C. LANE WOOD, Authorized Representative of Member

Typed or printed name of signer

(((H19000028057 3)))