

L12000090357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

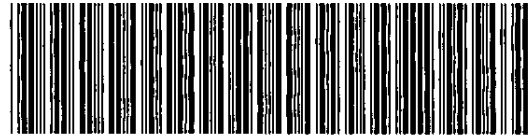
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Amend
NC*

Office Use Only



700249256987

06/27/13--01021--010 **25.00

FILED
2013 JUN 27 AM 8:50
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUL -9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Envy Salon, 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:

Kyndra L. Freeman

Name of Person

Envy Salon, LLC

Firm/Company

926 N. Monroe Street

Address

Tallahassee, FL 32303

City/State and Zip Code

kfreeman434@gmail.com

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

2013 JUN 27 AM 8:50
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Kyndra Freeman

Name of Person

at (850) 345-7389

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

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

envy Salon, 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 07/11/2012 and assigned
Florida document number L12000090357.

This amendment is submitted to amend the following:

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

Envy @ Midtown LLC

The new name must be distinguishable and end with 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)

2013 JUN 27 AM 8:50
STATE OF FLORIDA
TALLAHASSEE

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: Dana Jacqueline Dodson Bell

New Registered Office Address: 4136 Mcleod drive

Enter Florida street address

Tallahassee, Florida 32303

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

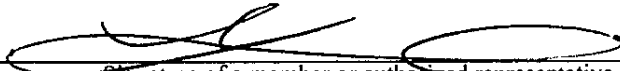
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgt</u>	<u>Terri T Pressell</u>	<u>1531 Tallavana Trail</u>	<input type="checkbox"/> Add
		<u>Havana Fl 32333</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u> <u>mgt</u>	<u>Dana Jacqueline Dodson Bell</u>	<u>4136 Mcleod Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Tallahassee FL 32303</u>	<input type="checkbox"/> Remove
<u>MGRM</u> <u>mgt</u>	<u>Kyndra Freeman</u>	<u>2809 Stokley Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Tallahassee, FL 32303</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 JUN 27 AM 8:50
 STATE
 TALLAHASSEE FL 32303

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

Dated _____, _____.



Signature of a member or authorized representative of a member

Kyadra Freeman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 JUN 27 AM 8:50
CLERK OF STATE
TALLAHASSEE, FLORIDA