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### **COVER LETTER**

Division of Corporations	
SUBJECT: Too Blonde 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:	
Heather Barrett Name of Person	
Too Blonde Salon LLC.	
114 Palmetto Street, Suite#4	
Destin, Florida 32541 City/State and Zip Code	
Mrsbarrett Orocket mail. Com E-mail address: (to be used for future annual report notification)	19 0
For further information concerning this matter, please call:	3
Heather Barrett at (850) 830-2120  Name of Person Area Code Daytime Telephone Number	15 \$8 8: 46
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

#### MAILING ADDRESS:

TO:

Registration Section

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

Too Blond (Name of the Limited	e Salo	n LLC.		
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on our r bility Company)	ecords.)	_
The Articles of Organization for this Limited Liab Florida document number	ility Company w <u>562</u> 0	ere filed on $10/0$	<u>2/2012</u> an	nd assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liabili	ty company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the designation	"LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicab	le:			<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)			9 35 <b>9</b>
Enter new mailing address, if applicable:				on G.
(Mailing address MAY BE A POST OFFICE BO	(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
				<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	•	ce address on our rec	cords, <u>enter the na</u>	ame of the ne
Name of New Registered Agent:	Billie	Morton		
New Registered Office Address:		Enter Florida street a	-11	
		r.nier r ioriaa streel a		
-		City	_, Florida 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dale Beebe	3904 Indian Trail	Add
		Destin, Florida 3254	Remove
		<del></del>	🗆 Change
MGR	Billie Morton	•	
		FOR+Walton Beach Fbrio	
		J2547	L □ Change
			Add
			□ Remove
		- <del></del>	Change
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ed	Octo	ber 10		2019.	( /	2		
	Die	Signa	ture of a men	nber of authorized	representative of	f a member	LX.	
					•			

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Filing Fee: \$25.00