

L130000013959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2020 APR 27 AM 7:18  
OFFICE OF THE  
CLERK OF THE  
SOUTH DAKOTA  
DEPARTMENT OF REVENUE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INDUSTRY 386 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:

AMANDA HAYES

Name of Person

Firm/Company

28 KINGSBRIDGE CROSSING DR

Address

ORMOND BEACH, FL 32174

City/State and Zip Code

AHAYES82@YAHOO.COM

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

For further information concerning this matter, please call:

AMANDA HAYES

386 214-3350  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRET and 2020 APR 27 A14 7:18  
 NATIONAL ARCHIVES

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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

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

N/A

2020 APR 27 AM 7:16  
SILVER SPRING  
MICHIGAN

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

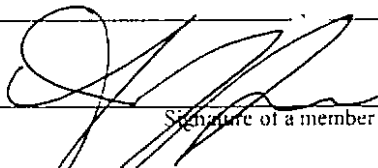
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

4/21/2020



Signature of a member or authorized representative of a member

AMANDA HAYES

Typed or printed name of signee

Filing Fee: \$25.00