

1/15/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA
Account Number : I20050000145
Phone : (813)988-5500
Fax Number : (813)988-5510

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ATELIER HAIR SALON, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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2020 JAN 15 PM 12:42

Electronic Filing Menu

Corporate Filing Menu

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JAN 16 2020

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

ATELIER HAIR 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 1/30/2013 and assigned
Florida document number L13000015645.

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)

302 S. HAMPTON AVE.ORLANDO, FL 32803

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:

TONY ROBLES

New Registered Office Address:

302 S. HAMPTON AVE.

Enter Florida street address

ORLANDOFlorida 32803

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.

X 
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DOUGLAS DEVOOGEWL	5600 BUTLER NATIONAL DR.	<input type="checkbox"/> Add
		ORLANDO, FL 328012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	TONY ROBLES	302 S. HAMPTON AVE.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]**Filing Fee: \$25.00**