

L13000105659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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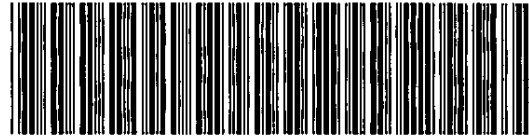
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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SEP 19 2014  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jasmine Nails and Spa 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:

Martha Meredith  
Name of Person

Firm/Company

6160 SW Hwy 200, 106  
Address

Ocala FL 34476  
City/State and Zip Code

martha.meredith@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Meredith at ( 352 ) 620-5944  
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

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

Jasmine Nails and Spa 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 7/25/13 and assigned Florida document number L13000105659

This amendment is submitted to amend the following:

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

Allure Beauty Studio 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)**

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**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **Florida**  
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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
mgr	Martha Meredith	4545 SW 60 <sup>th</sup> Ave	<input type="checkbox"/> Add
		# 773001	<input checked="" type="checkbox"/> Remove
		Ocala, FL 34477	
mgr	Scott Meredith	4545 SW 60 <sup>th</sup> Ave	<input type="checkbox"/> Add
		# 773001	<input checked="" type="checkbox"/> Remove
		Ocala, FL 34477	
P	Martha Isabel Meredith	4545 SW 60 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
	revocable trust dated 09/15/2003	# 773001	<input type="checkbox"/> Remove
		Ocala, FL 34477	
V	Scott Edward Meredith	4545 SW 60 <sup>th</sup> Avenue	<input checked="" type="checkbox"/> Add
	revocable trust dated 9/15/2003	# 773001	<input type="checkbox"/> Remove
		Ocala, FL 34477	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

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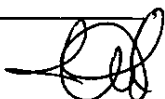
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

9/8/14



Signature of a member or authorized representative of a member

Martha Meredith

Typed or printed name of signee

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Filing Fee: \$25.00

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