113000148929

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



100255284711

01/21/14--01013--005 **25.00

2014 JAN 2 I PM I: 51

TJAN 23 MILE

COVER LETTER

TO: Registra

Registration Section
Division of Corporations

SUBJECT

Molly & Chad Walker 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:

Erica Walker

Name of Person

Quick Business Solutions LLC

Firm/Company

1041 Autumn Leaf Drive

Address

Winter Garden, FL 34787

City/State and Zip Code

ericaws525@gmail.com

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

For further information concerning this matter, please call:

Erica Walker

.,407<u>.</u>427-0398

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 ARTICLES OF ORGANIZATION OF

Molly & Chad Walker LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000148929</u> .	were filed on 10/22/13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Bombshell Salon & Spa LLC	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	31 South Main Street
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL 34787
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2014 JAN 21 PARKY O
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the fiew
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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		-	
			Remove
			Add
			☐ Remove
			□ Remove
<u>_</u>			2014 JAN 2 PACE A HAR SET OF Remove
			02.14 T
			Add
			Remove

Effective date, if other than the date of filing: 1/16/2014 (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 1/18/14.
Molly Warker
Signature of a member or authorized representative of a member
Molly Walker Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

