

L13000174917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

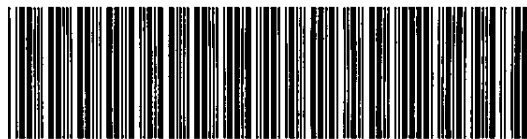
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 06 2014

C. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINDWARD PALMS 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:

Patrina Bulgin
Name of Person
Windward Palms Salon
Firm/Company
8440 S. Military Trail
Address
Brynton Beach, FL 33436
City/State and Zip Code
windwardpalmsalon@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Patrina Bulgin at (561) 967-8090
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

WINDWARD PALMS 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 DEC. 19, 2013 and assigned Florida document number 413000174917.

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 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)

8440 S. MILITARY TRAIL
BOYNTON BEACH, FL. 33436

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:

Patrina Bubin

New Registered Office Address:

8440 S. Military Trail

Enter Florida street address

Boynton Beach, Florida 33436
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.

Patrina Bubin

If Changing Registered Agent, Signature of New Registered Agent

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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>
<u>MGR</u>	<u>STACY DeLeon-Bolduc</u>	<u>102 NE 2nd St. #367</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL 33432</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Patrina Bulgin</u>	<u>8440 S. Military Trail</u>	<input checked="" type="checkbox"/> Add
		<u>Brynton Beach, FL 33436</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.)*

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 April 16, 2014

Stacy Bolduc

Signature of a member or authorized representative of a member

Stacy Bolduc

Typed or printed name of signee

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