

614000073399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

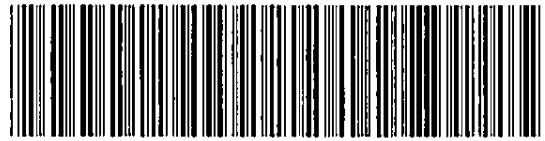
(Business Entity Name)

(Document Number)

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11/20/23--01019--010 \*\*25.00

2023/11/20 PM 3:27

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** My Dream Salon L.L.C.

\_\_\_\_\_  
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:

Natalie Kavula

\_\_\_\_\_  
Name of Person

My Dream Salon L.L.C.

\_\_\_\_\_  
Firm/Company

812 S Ft Harrison

\_\_\_\_\_  
Address

Clearwater, FL 33756

\_\_\_\_\_  
City/State and Zip Code

natalie@tfn.com

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

For further information concerning this matter, please call:

Natalie Kavula

727 709-2697  
at ( )

\_\_\_\_\_  
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 Address:**

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Edmund T. O'Brien	300 4th Ave S	<input type="checkbox"/> Add
		Suite 500	<input checked="" type="checkbox"/> Remove
		St. Petersburg, FL 33701	<input type="checkbox"/> Change
MGR	Bridget Clair	812 S Fort Harrison	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

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.

*J. Reed & Co. Bm*

Edmund T. O'Brien

Typed or printed name of signee