

44000098702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 MAR 13 PM 2:39



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2017

TORIE NIENHAUS  
HAIR GALLERY BY TORIE  
27241 BAY LANDING DRIVE STE 5  
BONITA SPRINGS, FL 34135

SUBJECT: HAIR GALLERY BY TORIE, LLC.  
Ref. Number: L14000098702

We have received your document for HAIR GALLERY BY TORIE, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 217A00004901

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RECEIVED  
2017 MAR 24 PM 2:02  
CLARK, J. L.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hair Gallery by Torie  
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:

Torie Nienhaus  
Name of Person

Hair Gallery by Torie  
Firm/Company

27241 Bay Landing Drive Suite 5  
Address

Bonita Springs FL 34135  
City/State and Zip Code

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

For further information concerning this matter, please call:

Torie Nienhaus at (239) 233-5330  
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

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FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FL 32301

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

Hair Gallery by Torie

(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 12/05/13 and assigned Florida document number 46-8016316165-5

This amendment is submitted to amend the following:

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

Hair By Torie & Company LLC

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)**

27241 Bay Landing Dr. Suite 5  
Bonita Springs FL 34135

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Same

**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:**

Torie Nienhaus

**New Registered Office Address:**

27241 Bay Landing Dr. Suite 5  
Enter Florida street address

Bonita Springs, Florida 34135  
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.*

Torie Nienhaus

**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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL 32309  
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.

Dated March 9, 2017.

Jane Nienhaus  
Signature of a member of the public

Signature of a member or authorized representative of a member

Torie Nienhaus

Typed or printed name of signee