

L14000 107224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 19 AM 11:55

LLC Amend

FEB 19 2015
T. CARTER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALON MOMS 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:

ALEXIS MKENZIE

Name of Person

Firm/Company

7960 HAPPY TRAIL

Address

KISSIMMEE, FLORIDA 34747

City/State and Zip Code

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

For further information concerning this matter, please call:

ALEXIS MCKENZIE

321 438-9670

Name of Person

at (_____)_____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2015

ALEXIS MCKENZIE
7960 HAPPY TRAIL
KISSIMMEE, FL 34747

SUBJECT: SALON MOMS L.L.C.
Ref. Number: L14000107224

We have received your document for SALON MOMS L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The fees to file the member, resignation or dissociation is \$25.00 and the certified copy is \$30.00. The fees to file the Articles of Amendment to the Articles of organization is \$25.00 and the certified copy is \$30.00. Please return your documents with the correct filing fees.

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) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 115A00002746

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Salon Moms LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FEB 19 AM 11:55

The Articles of Organization for this Limited Liability Company were filed on July 7, 2014 and assigned Florida document number L14000107224

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)

7960 Happy TR
Kissimmee FL
34747

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

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>
AMBR	Jessica Abronte	2563 Bear Creek Ct	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		Kissimmee FL 34747	
AMBR	Charles Larsen	1171 Tellem Dr	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Pacific Palisades CA 90272	
AMBR	Shelby Larsen	1171 Tellem Dr	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Pacific Palisades CA 90272	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

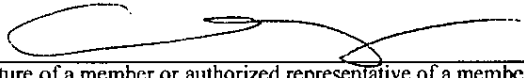
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 January 15, 2015.



Signature of a member or authorized representative of a member

Alexis McKenzie

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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