

214000151828

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTISAN DE CHEVEUX 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:

HEATHER VALLONE

Name of Person

GODS & GODDESSES HAIR STUDIO LLC

Firm/Company

11785 66TH AVE N

Address

SEMINOLE, FL 33772

City/State and Zip Code

HEATHERCLEVESQUE@GMAIL.COM

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

For further information concerning this matter, please call:

HEATHER C VALLONE

at (727) 667-3335

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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TALLAHASSEE, FLORIDA

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

ARTISAN DE CHEVEUX 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 09/29/2014 and assigned
Florida document number L14000151828.

This amendment is submitted to amend the following:

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

GODS & GODDESSES HAIR STUDIO 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:

9212 ULMERTON ROAD

(Principal office address MUST BE A STREET ADDRESS)

LARGO, FL 33773

Enter new mailing address, if applicable:

11785 66TH AVE N

(Mailing address MAY BE A POST OFFICE BOX)

SEMINOLE, FL 33772

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:

HEATHER C VALLONE

New Registered Office Address:

11785 66TH AVE N

Enter Florida street address

SEMINOLE

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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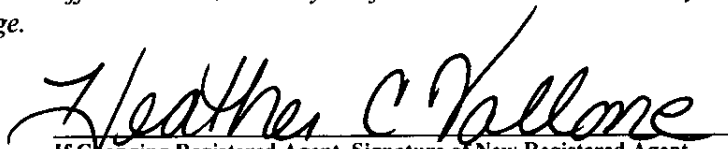
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33772

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 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	HEATHER C VALLONE	11785 66TH AVE N	☐ Add
		SEMINOLE, FL 33772	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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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 DECEMBER 9, 2016
Heather C. Vallone
 Signature of a member or authorized representative of a member
 HEATHER C VALLONE
 Typed or printed name of signee