

LK5000120345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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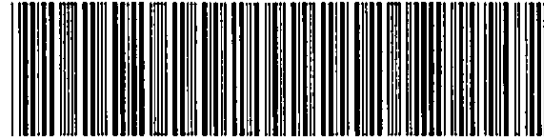
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

OCT 04 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blown Away Hair & Nail Studio, 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:

Shelly Asbury

Name of Person

Blown Away Hair & Nail Studio

Firm/Company

3825 South Florida Ave. Suite #1

Address

Lakeland, Florida 33813

City/State and Zip Code

Bucsfanztoo@yahoo.com

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

For further information concerning this matter, please call:

Shelly Asbury

863

513-6069

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Blow Away Hair & Nail Studio, 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 July 14, 2015 and assigned Florida document number 45000120345.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

212 E. Poinsettia St.

Lakeland, Florida 33803

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:

Shelly Asbury

New Registered Office Address:

3825 South Florida Ave. Suite #1

Enter Florida street address

Lakeland

City

Florida

33803

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.

Shelly Asbury
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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.

Dated September 29, 2017.

ber 29, 2017.
Tahathe B. Wam
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Tabetha B. Ward
Typed or printed name of donor

Typed or printed name of signee

Filing Fee: \$25.00

FILED
17 OCT -4 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA