

L16 0000 42324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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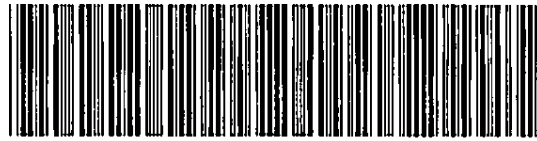
(Business Entity Name)

(Document Number)

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03/02/20--01010--006 **25.00

2020 MAR -2 8:12

R. WHITE
MAR 20 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eden Michele Salon and Spa 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:

Michele Holloway

Name of Person

Eden Michele Salon

Firm/Company

2441 NW 43rd Street #2B

Address

Gainesville, FL 32606

City/State and Zip Code

owner@edenmichelesalon.com

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

For further information concerning this matter, please call:

Michele Holloway

352 2831806
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

20201112-2 PM 12:57

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Gainesville, FL 32606

Gainesville, FL 32606

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

[illegible]

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 February 20, 2020

Michael Netherway
Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Michele Holloway

Typed or printed name of signee

Filing Fee: \$25.00