

L16000116439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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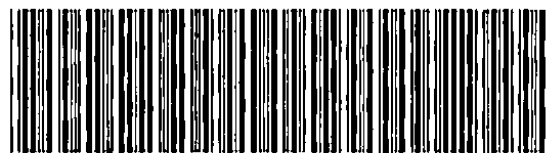
(Business Entity Name)

(Document Number)

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JUL 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUDIO 7 SALON, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATIA MICHEL

Name of Person

STUDIO 7 SALON, LLC

Firm/Company

1694 DARTMOUTH DR

Address

MIDDLEBURG, FL 32068

City/State and Zip Code

tiatabhair@gmail.com

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

For further information concerning this matter, please call:

Dominique Michel, Accountant

904 366-9548

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**

STUDIO 7 SALON, 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 JUNE 16, 2016 and assigned
Florida document number L16000116439.

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)

STUDIO 7 SALON, LLC

997 BLANDING BLVD SUITE 2

ORANGE PARK, FL 32065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MATIA MICHEL

1694 DARTMOUTH DR

MIDDLEBURG, FL 32068

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

MATIA MICHEL

New Registered Office Address:

1694 DARTMOUTH DR

Enter Florida street address

MIDDLEBURG

City

Florida FL 32068

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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
MGR	MATIA MICHEL	1694 DARTMOUTH DR MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Accountant	DOMINIQUE MICHEL	1694 DARTMOUTH DR MIDDLEBUR, FL 32068	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DA SILVA, MARDOQUEU JR	39710 N MESSNER WAY ANTHEM, AZ 85086	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CPA	DUVAL FIELDS CPA GROUP, PA	428 WALNUT ST, GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please, remove the current FEIN . New owner will applied to new FEIN once registration is completed.

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DEPARTMENT OF STATE

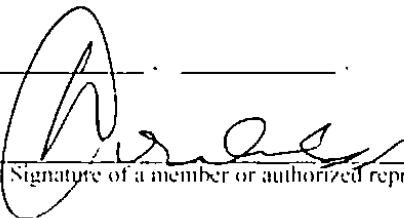
E. Effective date, if other than the date of filing: _____ (optional)

(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 (

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 07/02/2019



Signature of a member or authorized representative of a member

Dominique Michel

Typed or printed name of signee