

L16 000 116439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

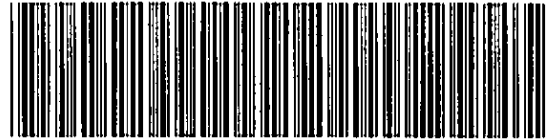
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received through
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Title

Office Use Only



800384272358

03/28/22--01026--014 **60.00

FILED
2022 MAY 23 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAY 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUDIO 7 SALON, 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:

MATIA D MICHEL

Name of Person

Firm/Company

1694 DARTMOUTH DR

Address

MIDDLEBURG, FL 32068

City/State and Zip Code

studio7salonhaicare@gmail.com

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

For further information concerning this matter, please call:

Dominique Michel

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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)

FILED
2022 MAY 23 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on JUNE 15, 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:

JOYLY BEAUTY, 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:

(Principal office address MUST BE A STREET ADDRESS)

997 BLANDING BLVD SUITE 2

ORANGE PARK, FL 32065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MATIA D MICHEL

New Registered Office Address:

1694 DARTMOUTH DR

Enter Florida street address

MIDDLEBURG

City

Florida 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 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>
MGRM	MATIA D MICHEL	1694 DARTMOUTH DR. ORANGE PARK, FL 32068	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOMINIQUE MICHEL	1694 DARTMOUTH DR. MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHEN J DUVAL	UNKNOWN	<input type="checkbox"/> Add
		UNKNOWN	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

We are just changing the entity name from Studio 7 Salon, LLC.

The new name is Joyly Beauty, LLC

We are also requesting to remove Stephen J Duval, this person is not associated with the entity anymore

E. Effective date, if other than the date of filing: 03/21/2022 (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 GOS.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

April 16, 2022


Signature of a member or authorized representative of a member

Dominique Michel
Typed or printed name of signee

Filing Fee: \$25.00



RECEIVED

2022 APR 18 AM 11:48

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEC. OF STATE
TALLAHASSEE, FL

April 12, 2022

MATIA D MICHEL
1694 DARTMOUTH DR
MIDDLEBURG, FL 32068

SUBJECT: STUDIO 7 SALON LLC
Ref. Number: L16000116439

We have received your document for STUDIO 7 SALON LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 322A00008468



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2022

MATIA D MICHEL
1694 DARTMOUTH DR
MIDDLEBURG, FL 32068

SUBJECT: STUDIO 7 SALON LLC
Ref. Number: L16000116439

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Anissa Butler
Regulatory Specialist II

Letter Number: 822A00010823



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2022

MATIA D MICHEL
1694 DARTMOUTH DR
MIDDLEBURG, FL 32068

SUBJECT: STUDIO 7 SALON LLC
Ref. Number: L16000116439

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Anissa Butler
Regulatory Specialist II

Letter Number: 822A00010823