

216000147536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

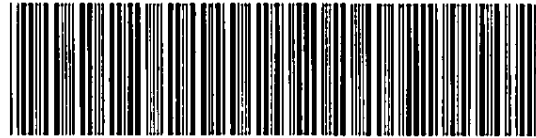
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Amend
NC

12/11/17--01007--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
9AM DEC 11 AM 8:09

N. CAUSSEAU

DEC 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Touched Salon

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:

Lucinda Charles

Name of Person

Touched Salon LLC

Firm/Company

905 SW 12th Ave

Address

Delray Beach FL 33444

City/State and Zip Code

love-live-your-hair@gmail.com

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

For further information concerning this matter, please call:

Lucinda Charles

Name of Person

at

561 420-7060

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**

RECEIVED
DIVISION OF CORPORATE REGISTRATION
2016 DEC 11 AM 8:05

Touché 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 08/08/2016 and assigned
Florida document number LI6000144536.

This amendment is submitted to amend the following:

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

TOUCH OF Posh salon 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)

~~905 SW 12th Ave~~ 905 SW 12th Ave
Delray Beach FL 33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

905 SW 12th Ave
Delray Beach FL 33444

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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> |
|--------------|-------------|----------------|---------------------------------|
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FILED
STATE
OF
NEW
JERSEY
DIVISION OF
REVENUE
CORP. TAX
SECTION 8:00
DEC 11 AM 8:00

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

NEW STATE
SECRETARY OF CORPORATION
DIVISION
DEC 1 AM 8:09

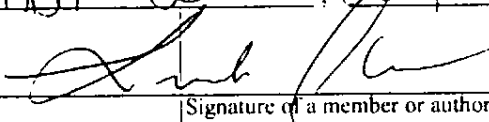
E. Effective date, if other than the date of filing: _____ (optional)

(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 November 30th, 2017.



Signature of a member or authorized representative of a member

Lucinda Charles

Typed or printed name of signee