

# L16000205940

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

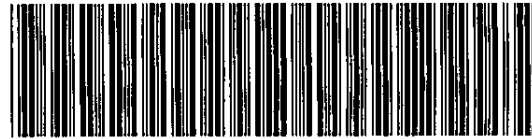
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2016 DEC -1 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC -5 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blow Dye 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:

Nicole Boston  
Name of Person

Upscale's Hair Lounge  
Firm/Company

1523 Eagle Ave NW  
Address

Palm bay, FL 32907  
City/State and Zip Code

nicoleJBoston@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Boston at (321) 271-8112  
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 Dye Salon LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/9/16 and assigned  
Florida document number L16000205940

This amendment is submitted to amend the following:

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

UPSCALE'S Hair lounge 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)**

2155 Palm bay RD NE Suite 8  
Palm bay, FL 32905

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2155 PALM bay RD NE Suite 8  
Palm bay FL 32905

**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:

2155 Palm bay RD NE Suite 8

Enter Florida street address

Palm bay, Florida 32905

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>
MGR/ AMBR	Nicole Boston	2155 Palm bay Rd NW Suite 8 Palm bay, FL 32905 <del>822 palmetto Ave</del> Melbourne, FL 32901	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/ AMBR	Jermaine Wilson	2155 Palm bay Rd NW Suite 8 Palm bay FL 32905 <del>822 palmetto Ave</del> Melbourne, FL 32901	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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2016 DEC -1 PM 3:09  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
FALL ARIZONA

**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 11/28/16, \_\_\_\_\_

Signature of a member or authorized representative of a member

Seima Wilson

Typed or printed name of signee