## 116000219642

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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FILED 2016 DEC 15 PH 2: 46 SECRETARY OF STATE

K. SALY DEC 16 2016

## **COVER LETTER**

	on Section f Corporations
JANE SUBJECT:	E' C SALON LLC
sobsect.	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	JANETH D HENLEY
	Name of Person
	JANETH D HENLEY
	Firm/Company
	3447 Citation dr
	Address
	Greencove Spring Fl 32043
	City/State and Zip Code
	janeth.henley@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
JANETH DHENI	LEY 904 735 -4843 at ( )
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	ee ■\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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 O	PRGANIZATION FILED
Name of the Limited Liability Compa.  (A Florida Limited Limit	PRGANIZATION  F  20/6 DEC 15 PM 2: 46  IN as it now appears on our records.)  ALLAH ASSEE, FLORION  605 0202
The Articles of Organization for this Limited Liability Company Florida document number $\underline{ \frac{L16000219642}{L16000219642}}$ .	were filed on 605.0202 and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability JANE'C SALON llc	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1950 E west pkwy suite 118 Fleming Island, Fl 32003
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	JANETH D HENLEY  3447 Citation dr  Greencove spring F1 32043

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:	JANETH D HENLEY	<del></del>
New Registered Office Address:	3447 Citation DR	
	Enter Flor	rida street address
	Greencove Spring	, Florida 32043
	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 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>	Address	Type of Action
MGR	JANETH D HENLEY	3447 Citation DR Greeencove spring 320	<b>43</b> <b>D</b> 2∕Add
			□ Remove
			Change
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			HASSEE FLOOD Changes
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	FIGURE 6
an o lote	ctive date, if other than the date of filing:  12/12/2016 same above  (optional)  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  Et li the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as iment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ne 90th day after the record is filed.
Th	ed 12/12/2016
	Land OHarle
Th	12/12/2016  Aud Danie .  Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00