

L16000227639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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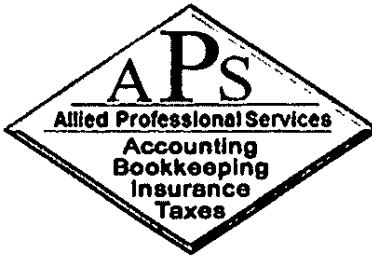
12/23/16--01024--015 **25.00

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16 DEC 23 PM 2:57

DIVISION OF CORPORATE AFFAIRS

O SIMMONS
DEC 27 2016



ALLIED PROFESSIONAL SERVICES, LLC
1955 South Narcoossee Road
Saint Cloud, FL 34771-7211

December 22, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: PLUSH LLC
DOCUMENT #: L16000227639

Dear Sir/Madam,

On December 20th, I mailed the Articles of Amendment to Articles of Organization of Plush LLC without the check. Enclosed is check 1112 for \$25.00 in payment of the fee along with the Amendment form.

Please process as soon as possible. If you have any questions, please call us.

Thank you!

Sincerely,

A handwritten signature in cursive script that reads 'Maria Slyman'.
Maria D. Slyman

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PLUSH 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:

MARIA D. SLYMAN

Name of Person

ALLIED PROFESSIONAL SERVICES, LLC

Firm/Company

1955 SOUTH NARCOOSSEE ROAD

Address

SAINT CLOUD, FL 34771-7211

City/State and Zip Code

ALLIED.SLYMAN@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA D. SLYMAN

407
at ()

593-2983

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PLUSH 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 12/16/2016 and assigned
Florida document number L16000227639.

This amendment is submitted to amend the following:

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

PRIMROSE 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATE SERVICES

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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DIVISION OF CONSERVATION

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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.

Dated 19-OF DECEMBER, 2016.

Signature of a member or authorized

Typed or printed name of signee