

L17000021969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAR 21 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FL 32304
17 MAR 20 PM 12:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PURE SALON USA 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:

ANDREA LYMAN

Name of Person

Firm/Company

193 EAST PALMETTO PARK RD

Address

BOCA RATON, FL 33432

City/State and Zip Code

andrea.lyman@raiseusainc.com

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

For further information concerning this matter, please call:

ANDREA LYMAN

413 519-0009
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/COURIER ADDRESS:

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

17 MAR 20 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PURE SALON USA 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 01/27/17 and assigned
Florida document number 17000021969.

This amendment is submitted to amend the following:

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

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)

193 EAST PALMETTO PARK RD.
BOCA RATON, FL 33432

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:

LYMAN, ANDREA

New Registered Office Address:

193 EAST PALMETTO PARK RD.

Enter Florida street address

BOCA RATON

City

, Florida 33432

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 | NOWAK, MARK | 601 N CONGRESS AVE STE 434 | <input type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33445 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | LYMAN, ANDREA | 193 E PALMETTO PARK RD | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON, FL 33445 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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SECRET
STATE
OFFICE
OF THE
ATTORNEY
GENERAL
TALLAHASSEE, FL 32303

47 MAY 20

FILED
STATE
SECRETARY OF MINN.
TALLAHASSEE, FLA.
47 MAR 20 PM 12:19

(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)

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

March 9, 2017

Mark R. Namb Authorized Representative
Signature of a member or authorized representative of a member

MARK NOWAK, MANAGER/AUTHORIZED REPRESENTATIVE

Typed or printed name of signee