

L17000067/60

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(City/State/Zip/Phone #)

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2024 DEC 10 PM 3:49

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIMOSA'S HAIR STUDIO 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:

TYLER TEBAUT

Name of Person

CLUKEY & TEBAUT LLC

Firm/Company

201 OWENS AVENUE, UNIT A

Address

SAINT AUGUSTINE, FL 32080

City/State and Zip Code

VROBERTS@CLUKEYANDTEBAULT.COM

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

For further information concerning this matter, please call:

TYLER TEBAUT

904

6793119

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
AMBR	KING, AIMEE	1578 US HIGHWAY 1 S	<input type="checkbox"/> Add
		SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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24 DEC 0 10:34 AM
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FL

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

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 26, 2024

Signature of a member or authorized representative of a member

Tyler Tebault, Registered Agent

Typed or printed name of signee

REC'D
2024 DEC 10 PM 3:49
STATE
TALLAHASSEE, FL

Filing Fee: \$25.00