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## **COVER LETTER**

00 / 21 / 21
TO: Registration Section Division of Corporations
SUBJECT: Salon Intrigue, 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:
Allison K. Jessich
Name of Person
Salon Intrigue, LLC
Firm/Company
8545 SIK Oak Lane
Naples, FL 34/119 alliejessich agmail.com
e-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Allison K Jessich at (612) 360 - 7132  Name of Person Area Code Daytime Telephone Number
Name of Person
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salon Intrigue, Ll	<u>-</u> 4
(Name of the Limited Liability Compa- (A Florida Limited L	ny as t now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000143119</u> .	were filed on $07/03 2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18 F
Principal office address MUST BE A STREET ADDRESS)	EB ARE
	SSSRX
	<b>3</b>
Enter new mailing address, if applicable:	7: CON
Mailing address MAY BE A POST OFFICE BOX)	09
3. If amending the registered agent and/or registered of 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:	
hereby accept the appointment as registered agent and agreence or oversions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to man	nage, enter the	title, name, and address of each	person being added
MGR = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	Name	Address		Type of Action
AR	Jessich, Michael J.	854	Silk Oaklane	? □ Add
1111514	•	Nap	les, FL34119	Remove
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				_□ Change

D. If amending any other information, enter change(s) here: (Attach o	additional sheets, if necessary.)
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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 foin Note: If the date inserted in this block does not meet the applicable statutor.	ng or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) y 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 effect (b) The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier of:
Dated February 6, 2018.	
(M) Although	
Signature of a member or authorized represe	ntative of a member
Allison K. Jessich	
Typed or printed name of sig	nee

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Filing Fee: \$25.00