K17000147491

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Γ:
Special Instructions to Filing Officer:

Office Use Only



800386879458

05/02/22--01050--009 **25.00

COCCIMITE AND 18-33 COCCACIONAL OF STATE FALLAHASSEE, FLORIDA

JUN 2 3 2022 S. PRATHER

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: MAHOGA	NY SALON AND SPA LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mauricea Denton		
		Name of Person	
	<u></u>	Firm/Company	
	13691 Ishnala Circle		
		Address	
	Wellington, FL 33414	City/State and Zip Code	
	MAUDENTON@YAHOO		
		to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Mauricea Denton		at (954) 2009421	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne 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 Solution of Control P.O. Box 632 Tallahassee, Solution 1	Section Corporations 27	Street Address: Registration Set Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAHOGANY SALON AND SPA LLC		AAY AAY
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reco nited Liability Company)	AY -2 AH HASSEE, F
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/10/2017	and assigned
Florida document number L17000147491		33 10A
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ONYX NATURAL HAIR SALON LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:	13691 Ishnala Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Wellington, FL 33414	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	Enier r ioriaa street add	ress
	City	Florida
	Cuy	гір Соае

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗖 Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

						_	=
							
	 	· - ·· · - · ·			. - -		-
							_
					-		
							-
							-
	-		_				
							-
					_		-
_							
							•
							-
	_						
							=
						-	-
ffective date, if other than	the date of filing	g:		(option	al)		
fan effective date is listed, the date Note: If the date inserted in th	e must be specific and its block does not n	l cannot be prior to d neet the applicable	late of filing or more e statutory filing re	than 90 days after fil quirements, this d	ing.) Pursua ate will no	nt to 605 t be list	5.0207 ed as
locument's effective date on the	he Department of S	state's records.					
	ective date, but not	an effective time	, at 12:01 a.m. on t	he earlier of: (b)		iay afte	r the
					T-2	2	
						25	
d is filed.		2022			TALLAH	122 MA	
d is filed.		. 2022			ALLAHASS)22 MAY	<u></u>
d is filed.	Di	. 2022			SELVE PART D	2022 MAY -2	11. 11.
record specifies a delayed effe d is filed. Dated April 16th	Signature of a r		ed representative of a	a member	AHASSE	122 MAY -2 AH 7:	