L19000080507

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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06/26/20--01014--028 **25.00

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COVER LETTER

Division of Corporations	
SUBJECT: Mand K Hair Salon 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:	
Outline Perrier Name of Person	
Mand K hair Salon Firm/Company	
3580 Lantana Road	
Lake Worth FL. 334.62 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Overtine Perrier Name of Person at (561) 716-3682 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of \$\Bi	

Mailing Address:

TO:

Registration Section

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



202

Letter Number: 920A00015047

FLORIDA DEPARTMENT OF STATE Compositions

August 10, 2020

↑ QUETLINE PERRIER→ 3580 LANTANA RD← LAKE WORTH, FL 33462

SUBJECT: M&K HAIR SALON LLC

Ref. Number: L19000080507

We have received your document for M&K HAIR SALON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & K Hair Salon	1 Fr. 3:25
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1900080507.	were filed on <u>03/22/19</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabil."	* BEAUTY SUPPLY./L
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	35% LANTANA ROAD LAKE WORTH, FL 33462
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1555 Spring harbor drive APt H Delray beach FL. 33445
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City 2.tp Code
I hereby accept the appointment as registered agent and agree	as to set in this canasity. I further serves to somely with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being 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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Quetline Pernier	1555 Spring Harbor	MAdd
.,		Drive AP+ H Delray Beach FL. 33445	□Remove
		Beach FL. 33445	□Change
			□Add
			[]Remove
			□Change
			□Add
			□Remove
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			□Change

	
	
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(If an ef Note:	tive date, if other than the date of filing:
f the reco ecord is fi	rd 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 iled.
Dated	06/20/20 . 1'00 .
	Signature of a member or authorized representative of a member
	Quettline Cerier Typed or printed name of signee

THE PARTY