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COVER LETTER

TO: Registration Section
Division of Corporations

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FILING CANCELLED DUE TO RETURNED CHECK

GO BEA	UTY HAIR SALON, LLC		
SUBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles of	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filling. m all correspondence concerning this matter to the following: KATRINA BLAISE Name of Person GO BEAUTY HAIR SALON, LLC Firm/Company 400 N. PINE HILLS -RD SUITE C Address ORLANDO, FLORIDA 32811 City/State and Zip Code LUCNY4008@ICLOUD.COM / KATRINAABLAISEE15@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Name of Person Again 321 318-6857 Area Code Daytime Telephone Number s a check for the following amount: Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filing Fee.		
Please return all correspo	ondence concerning this matter t	o the following:	
	KATRINA BLAISE		
		Name of Person	
	GO BEAUTY HAIR SALO	ON, LLC	
	·	Firm/Company	
	400 N. PINE HILLS -RD S	SUITE C	
		Address	
	ORLANDO, FLORIDA 32	811	
	~ -	City/State and Zip Code	
	LUCNY4008@ICLOUD.CO	DM / KATRINAABLAISEE15@	GMAIL.COM
	E-mail address: (to	be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	H:	
KATRINA BLAISE		321 318-6857 at (
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

FILING CANCELLED TO DUE TO RETURNED CHECK ARTICLES OF ORGANIZATION OF

GO BEAUTY HAIR SALON, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our reco ida Limited Liability Company)	ords.)
	Company were filed on 07/08/2019	and assigned
Florida document number L19000175676		
This amendment is submitted to amend the following:		
Florida document number L19000175676 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent:		
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
		SEO ALLI
		至 1
Enter new mailing address, if applicable:		OP N
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maning marress mili BD711 OST O111CD DON		
		24 .5
registered agent and/or the new registered office ad	idress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	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>	Address	Type of Action
CEO	KATRINA BLAISE	400 N. PINE HILLS -RD SUITE - C	➡ Add
		ORLANDO , FLORIDA 32811	
			Remove
			Change
MGR	CECILY BRUNNER	400 N. PINE HILLS - RD SUITE - C	
		ORLANDO, FLORIDA 32811	_
FILI	NG CANCELLED		_ ≡ Remove
DUE	TO RETURNED CHECK		□ Change
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fective date, if other than the d an effective date is listed, the date must be ote: If the date inserted in this blococument's effective date on the Dep	k does not meet the applica	to date of filing or more th able statutory filing req	(optional) an 90 days after filing.) Pursua uirements, this date will no	ant to 605.020 It be listed as
record specifies a delayed of The 90th day after the recor		an effective time	, at 12:01 a.m. on the	e earlier o
10/10 ited	2019	·		
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Filing Fee: \$25.00