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	(Requestor's Name)	
	(Address)	·
	(Address)	
•	(City/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
d Copies	Certificates of	Status
ial Instructions	to Filing Officer:	. <u> </u>

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COVER LETTER

Division of Corporations Nail Studio UC 19 OCC 20 CM 3: 01 Premiere Name of Limited Liability Company nclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Jerrica Nevels remieve Hair and Nail Studio UC E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: d is a check for the following amount: □ \$60.00 Filing Fee, .00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

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

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premiere Hair o	and Na	1 Studio	uc	050
(Exame of the Cruin	(A Florida Limited)	liability Company)	s on our records.	
Articles of Organization for this Limited L. la document number		were filed on	07/31/2019	1_ and assigned
amendment is submitted to amend the follo	owing:			
amending name, enter the new name o	f the limited liab	ility company he	<u>:re</u> :	
w name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
new principal offices address, if applic	able:	3885		Weir Ave.
ripal office address MUST BE A STREE	T ADDRESS)	Uca	la, FL 34	480
new mailing address, if applicable: Ing address MAY BE A POST OFFICE	<u>BOX)</u>			
amending the registered agent and/ered agent and/or the new registered of	•		our records, enter	the name of the new
Name of New Registered Agent:	<u>Jess</u>	sica Nei	iels	
New Registered Office Address:	370) SE 3 Enter Flor	2nd Ave.	
	0	ala	, Florida	3447 1 Zip Code

gistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the fons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability my has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

moved from our records:

t = Manager

R = Authorized Member

	<u>Name</u>	<u>Address</u>	Type of Action
ir.	Jessica Nevels	3702 SE 32 ad Ave.	X Add
		Ocala, FL 34471	Remove
			Change
1R	Jessica Piatek	3702 SE 32nd Ave	□ Add
		Oca1a, FL 34471	Remove
			Change
R	Levi Nevels	3702 SE 32nd Aue.	
		Ocala, FL 34471	Remove
			Change
_			□ Add
			🗆 Remove
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te, if other than the date of filing: late is listed, the date must be specific and cannot be price.		(optional)
date inserted in this block does not meet the appl	able statutory filing requirement	s after filing.) Pursuant to 605.020 is, this date will not be listed a:
effective date on the Department of State's record		
		04
specifies a delayed effective date, but n day after the record is filed.	ot an effective time, at 12:	OI a.m. on the earlier o
	-· <u> </u>	
	γ	
Signature of withernber or aut	or with removement ve of a member	
7)	1 .	

Page 3 of 3

Filing Fee: \$25.00