L20000 29735

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JUI 2 7 2020



COVER LETTER

TO: Registration Section Division of Corporations

CHRISTI ANNAS, LLC

SUBJECT: ____

.

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:

WANDA L. REEVES

Name of Person

ACCOUNTING & CLERICAL BY REEVES & ASSOCIATES, INC.

Firm/Company

501 GOODLETTE ROAD, SUITE B204

Address

NAPLES, FLORIDA 34102

City/State and Zip Code

WANDAACCRA@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE SHANNON

Name of Person

2396 434-7757 at (______) Area Code Davi

Daytime Telephone Number

Enclosed is a check for the following amount:

■ S25.00 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)

<u>Mailing Address:</u> 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTI ANNAS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{01/23/2020}{2}$ and assigned Florida document number $\frac{L20000029735}{2}$.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHRISTIANNA'S HAIR STUDIO, LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5600 TRAIL BOULEVARD, #20

NAPLES, FLORIDA 34108			
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	Idress
	City	. Florida 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 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 M	lember
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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory 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 effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 1		
qma m	Signature of a member or authorized representative of a member	
ANNA M. CASEY	Turnel or protocol numera de la companya de la compa	

Typed or printed name of signee