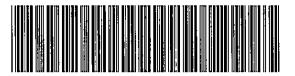
(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:

	gistration Se vision of Cor			
CUDIECT.		Y'S SALON LLC		
SUBJECT:			ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Felipe M. Martinez		
			Name of Person	
		DR. DELSY'S SALON LI	.c	
			Firm/Company	
		13813 Felix Will Rd		
			Address	
		Riverview, Fl 33579		
			City/State and Zip Code	*******
		amydelsy@hotmail.com		
		E-mail address: (to be used for future annual report no	otification)
For further i	information c	oncerning this matter, please co	all:	
Felipe M. N	Martinez		706 575-3915	
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	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)
	ailing Addres		Street Address: Registration S	ection
Di	vision of C	orporations	Division of Co	orporations
	O. Box 632 Illahassee, I		The Centre of	
13	manassee, I	TL 24314	Z410 IN. WIONI	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR DELSY'S SALON LLC

	DR. DEED CO BREON BEE	
(Name of the Limit	ed Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
he Articles of Organization for this Limited L orida document number <u>L20000086827</u>	iability Company were filed on 03/20/2020	and assigned
nis amendment is submitted to amend the follo	owing;	
. If amending name, <u>enter the new name o</u>	f the limited liability company here:	
e new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation 3.L.C."
nter new principal offices address, if applic	able:	020 HAR
Principal office address MUST BE A STREE	TADDRESS)	ਕਿ
		ASI :
nter new mailing address, if applicable:		O: (
Mailing address MAY BE A POST OFFICE	BOX)	, =
. If amending the registered agent and/or r	· —	nter the name of the new regist
zent and/or the new registered office addres	ss here:	
Name of New Registered Agent:	MARTINEZ, FELIPE M.	
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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.

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
AMBR	DELSY M. MARTINEZ	13813 FELIX WILL RD RIVERVIEW FL 33579	= Add
			□Remove
			□Change
			□ Add
		-2,	Add 2020 Remove
			C) Change A A A A A A A A A A A A A A A A A A A
			Add
			Remove
			□Change
			□Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			□Change
			□ Remove
			Change

	needs to be changed to AMBR. Everything else is correct.
If you have any questions or concerns	s please don't hesitate to contact me at any time (706) 575-3915,
star1670@hotmail.com or amydelsy@	@hotmail.com.
Thank you!!!	
	~
	2020 HAR
	
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	fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to not meet the applicable statutory filing requirements, this date will not be
	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a
īled.	

Typed or printed name of signee