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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Business Entity Name)
-	(Document Number)
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JUN - 5 2013

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Dann Da Name of Lim	na) I flore (e)	leir LLC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Perrn	Name of Person	
		Firm/Company	
	207:	South Stylar Address	2 Sante A
	- Tullaha	City/State and Zip Code	30/
	E-mail address: (to be used for future annual report notifi	cation)
_			
Name of	HORC Person	at $(900/)$ Area Code Daytime	-56 5 3 Telephone Number
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: Firm/Company			
	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status &

100 miles

Mailing Address:
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

Dung Dun	ability Company as it now appears of our records.) Sorida Limited Liability Company)
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	by Company were filed on $\frac{5}{12}/2/200$ and assigned $\frac{25.088}{12}$
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 "L.L.C."
Enter new principal offices address, if applicable:	
Principal office uddress MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registoring agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	Percin Hore
New Registered Office Address:	Enter Florida street address
	, 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
AMBR	Perrin Hope	17/24 OCala RdA.B	🗆 Add
			□Remove
		 	Ø Change
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		· -	□Add
			□Remove
			Change
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			□Remove
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_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff <u>Note:</u>	ive date, if other than the date of filing: (optional) (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor rd is fil	d 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 ed.
Dated	June 5 . 2023.
	Signature of a member or authorized representative of a member
	$\tilde{\mathcal{D}}$

June 5, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: DAVID ANTHONY SALON AND SERVICES LLC

Ref. Number: L23000104532

We have received your document for DAVID ANTHONY SALON AND SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 823A00012744

Anissa Butler Regulatory Specialist II

www.sunbiz.org