

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing	so will generate anothe	r cover sheet.		
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Electronic Filing Menu

Corporate Filing Menu

Help



To: Page 3 of 6

COVER LETTER

TO: Registration Se	ction porations					
SOLEIL 30	IA SALON LLC					
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Cheyenne Moseley					
		Name of Person				
	Legalzoom.com. Inc.		**************************************			
		Firm/Company				
	101 N Brand Blvd 11th Fl					
		Address				
	Glendale, CA 91203					
	morganicaswell@yahoo.co	City/State and Zip Code				
	-	to be used for future annual report noti	tication)			
For further information c	concerning this matter, please co					
Cheyenne Moseley	_	800 773-0888 at ()				
Name o	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	he following amount:					
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Registr	ING ADDRESS:	STREET/COURI Registration Section	on			
	on of Corporations Fox 6327	Division of Corpo Clifton Building	tanons			
	assee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOLEIL 30A SALON LLC	
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on 07/29/2020	and assigned
Florida document number 1.20000224987	
This amendment is submitted to amend the following:	Ą
A. If amending name, enter the new name of the limited liability company here:	; • '
The Loft 30A Hair Salon LLC	* ·
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	- <u> </u>
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 recordistered agent and/or the new registered office address here:	ords, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street ad	hdress
	. Florida
Cny	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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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			Change
			✓ 🖸 Add
			□ Remove
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Filing Fee: \$25.00