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(Requestor's Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address)
(City/State/Zip/Phone #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status
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Special Instructions to Filing Officer:

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SECRETARY OF STAT



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
SUBJECT:	Touchee Or	ganic Salon LLC	:	*
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Richard Irizarry		
			Name of Person	,
		Touchee Organic Salon LL	c	
			Firm/Company	
		2071 Ardley Rd		
			Address	
		North Palm Beach, Fl. 3340	08	
			City/State and Zip Code	-
		Richirizarry@gmail.com	to be used for future annual report noti	firstion)
For further i	information o	concerning this matter, please or		,
Richard Iriz		,	561 758 3788	
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is	a check for t	he following amount:		
□ \$2 5.00	Filing Fee	S30.00 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 Addre		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Cor		
	O. Box 632	=	The Centre of 1	•

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Touchee Organic Salon LLC					
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)				
ne Articles of Organization for this Limited Liability Company were filed on 08/19/2020			and assigned		
lorida document number L20000255976					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company bere:				
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or t	he abbreviati	ion "L.I.	C."	
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)			202		
		ASS.	ِ <u>ک</u> _پیے_	79.3	
		DE S	=	**************************************	
Enter new mailing address, if applicable:		22	29		
		က်သ ကရာ	2	£ # 1	
Mailing address MAY BE A POST OFFICE BOX)		110	<u> </u>		
			5		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of th	se new	regist	
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Emier r iorida sireet daaress				
	, Florid				
	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 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>	<u>Address</u>	Type of Action	
MGR	Nelcida Irizarry	2071 Ardley Rd		
		North Palm Beach, Fl. 33408	≣Remove	
		North Palm Beach, Fl. 33408 Richard Irizarry 2071 Ardley Rd North Palm Beach, Fl. 33408	□Change	
MGR	Richard Irizarry	2071 Ardley Rd	□Add	
		North Palm Beach, Fl. 33408	□ Remove	
			■ Change	
			2027AJUL SECRET	
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fective date, if other than the in effective date is listed, the date mutote: If the date inserted in this becument's effective date on the D	date of filing: at be specific and cannot ock does not meet t	he applicable st	of filing or more th atutory filing req	(option an 90 days after fi uirements, this o	ling.) Purs	mant to 6	605.020 isted a
record specifies a delayed effective is filed.	e date, but not an e	ffective time, at	12:01 a.m. on th	e earlier of: (b)	The 90t	h day at	fter th
, 07/25	20						
ated							
ated W	Signature of a memb	per or authorized	cpresentative/of	member	 -		