9/22/2020

**Division of Corporations** 

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COUCELO ASSOCIATES, INC.

Account Number: I20120000069

Phone

: (561)683-3000

Fax Number

: (561)965-0938

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LEGACYTAX CORPS @ GMAIL. COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUPITER HAIR CENTRE, LLC.

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Page Count	05
Estimated Charge	\$25.00

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## **COVER LETTER**

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	Registration Secti Division of Corpo			
III ID	JUPITER HA	IR CENTRE, LLC.		
OBJEC	T:	Name of Limit	ed Liability Company	
The enclo	sed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please ret	urn all correspond	lence concerning this matter to	o the following:	
		ARNALDO J COUCELO		
			Name of Person	
		COUCELO ASSOCIATES	, INC.	
			Firm/Company	
		1601 BELVEDERE RD, SU	JITE 305S	
		<u> </u>	Address	<del></del>
		WEST PALM BEACH, FL	33406	
			City/State and Zip Code	
		LEGACYTAXCORPS@GN		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furth	er information co	ncerning this matter, please ca	il:	
ARNAL	DO 1 COUCETO		561 683-3000 at ( )	
	Name of	Person	at ()Area Code Daytime	Telephone Number
Enclosed	d is a check for the	e 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)

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

H200003298463

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JÚPITER HAIR	CENTRE, LLC.			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L. Clorida document number	iability Company	were filed on	09/04/2020	and assigned	
This amendment is submitted to amend the following	owing:				•
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :		•
iupiter hair center, llc.					
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the des	signation "LLC" or the at	breviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A			_
(Principal office address MUST BE A STRE)			·	)20 S	<u>.                                      </u>
	•		•	<u>~~</u>	
			٠.	2	
Enter new mailing address, if applicable:		N/A	<u>.</u>	. <u></u>	—П
(Malling address MAY BE A POST OFFICE	BOX)	<u></u> .			<b>_</b> 0
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B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:	registered office ess here: N/A	address on our re	cords, <u>enter the nan</u>	ne of the new reg	istered
100 111	N/A				
New Registered Office Address:	<u>-</u>	Enter Flor	ida street address	<del> </del>	<del></del>
			. Florida		
		City		Zlp Code	
New Registered Agent's Signature, if changing	Registered Agent	<u>t:</u> .			
I hereby accept the appointment as registe provisions of all statutes relative to the pro-	per and complet	e performance of	my duties, and I am	i jamiiiar wiin an	ıu
accept the obligations of my position as re	gistered agent as	provided for in C	Inapter 605, F.S. Oi	r, ij this documer	11 13

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

R = Ma BR = Ac	anager ithorized Membe	er		
<u>e</u>	<u>Name</u>		Address	Type of Action
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	a delayed effective dat	te, but not an effective time, at	12:01 a.m. on the carlier of: (b)	The 90th day after the
filed.	•	· .		
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· <del></del>	Sign	nature of a member or authorized	representative of a member	<del>-</del>

Filing Fee: \$25.00

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