

L2 0000 395600

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

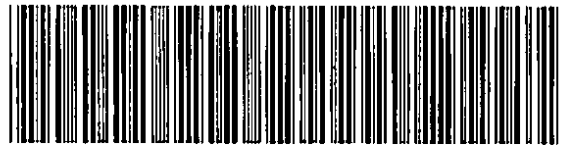
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2021 DEC -9 PM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FL 32310



FLORIDA DEPARTMENT OF STATE <sup>2021 DEC -9 AM 8:15</sup>  
Division of Corporations

November 2, 2021

MAJORIE PETIT-HOMME  
5122 NW 6TH STREET  
DELRAY BEACH, FL 33445 US

SUBJECT: M&W BEAUTY SALON, LLC  
Ref. Number: L20000395600

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 221A00026692

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MW Beauty Salon, LLC  
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:

Majorie Petit-Homme  
Name of Person

Firm/Company

5122 NW 6th Street  
Address

Delray Beach, FL 33445  
City/State and Zip Code

majoriepetithomme@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Majorie Petit-Homme at (561) 294-7111  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2021 DEC -9 PM 9: 55

MW Beauty Salon, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number IL200003956005

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAMA Beauty Supply, LLC

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 address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

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

Same as Above

Majorie Petit Homme

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

N/A

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11 19 21 .

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**