

L21000096551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

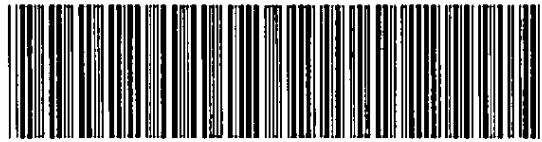
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/21--01036--004 **25.00

6/24/21
[Signature]

6/24/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beauty by Katie 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:

Kaitlyn Wilton
Name of Person

Beauty by Katie
Firm/Company

2047 SE Hwy 349
Address

Old town, FL 32680
City/State and Zip Code

KaitlynStephens223@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaitlyn Wilton at (352) 356-3807
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**

Beauty by Katie

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

The Articles of Organization for this Limited Liability Company were filed on 02/26/2021 and assigned Florida document number L21000096551

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 address MUST BE A STREET ADDRESS)

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kaitlyn Joy Wilton

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.

Kaitlyn Wilton

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I have attached a Certified Copy
of my marriage license. To show my change
of Registered agent Kaitlyn Stephens to
Kaitlyn Wilton. All information remains the
same ~~except~~ except my last name.

E. Effective date, if other than the date of filing: 02/27/2021 (optional)
(If an effective 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 (3)(b)
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.

If the record 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
record is filed.

Dated _____

Kaitlyn Wilton

Signature of a member or authorized representative of a member

Kaitlyn Wilton

Typed or printed name of signee

CERTIFIED A TRUE AND CORRECT
COPY OF THE ORIGINAL

5-12-21

Department of Health- Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County court appears thereon

(STATE FILE NUMBER)
Clerk of Circuit Court
Dixie County, Florida

By: Dawn Dubois
Deputy Clerk

Inst: 202115001470 Date: 04/05/2021 Time: 2:09PM
Page 1 of 1 B: 562 P: 242, Barbie Higginbotham,
Clerk of Court Dixie, County, By: DD
Deputy Clerk

152021XX000027MLAXMX

(APPLICATION NUMBER)

APPLICATION TO MARRY

1a NAME OF SPOUSE (First, Middle, Last) EDWARD NICHOLAS WILTON		1b MAIDEN SURNAME (if applicable)	2 DATE OF BIRTH (Month, Day, Year) 12/29/1999
3a RESIDENCE - CITY, TOWN, OR LOCATION LIVE OAK	3b COUNTY Suwannee	3c STATE Florida	4 BIRTHPLACE (State or Foreign Country) Florida
5a NAME OF SPOUSE (First, Middle, Last) KAITLYN JOY STEPHENS		5b MAIDEN SURNAME (if applicable)	6 DATE OF BIRTH (Month, Day, Year) 03/22/2000
7a RESIDENCE - CITY, TOWN, OR LOCATION OLD TOWN	7b COUNTY Dixie	7c STATE Florida	8 BIRTHPLACE (State or Foreign Country) Florida

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS
CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO
AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9 SIGNATURE OF SPOUSE (Sign full name using black ink)

Edward Nicholas Wilton

10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
03/23/2021

11 TITLE OF OFFICIAL

DEP CLERK Dawn Dubois

12 SIGNATURE OF OFFICIAL (Use black ink)

Dawn Dubois

13 SIGNATURE OF SPOUSE (sign full name using black ink)

Kaitlyn Joy Stephens

14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
03/23/2021

15 TITLE OF OFFICIAL

DEP CLERK Dawn Dubois

16 SIGNATURE OF OFFICIAL (Use black ink)

Dawn Dubois

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE
CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR
AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17 COUNTY ISSUING LICENSE
Dixie

18 DATE LICENSE ISSUED
03/23/2021

19a DATE LICENSE EFFECTIVE
03/26/2021

19b EXPIRATION DATE
05/22/2021

20a SIGNATURE OF COURT CLERK OR JUDGE

Barbie Higginbotham

20b TITLE

Clerk of the Circuit Court

20c SIGNATURE OF OFFICIAL

Dawn Dubois

CERTIFICATE OF MARRIAGE

WE HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year)
March 28, 2021

22 CITY, TOWN OR LOCATION OF MARRIAGE
Vilano Beach FL

23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

Minister Chris Snyder

23b ADDRESS (Of person performing ceremony)

7838 97th of Live Oak FL 32060

23c NAME AND TITLE OF PERSON PERFORMING CEREMONY
(Or notary stamp)

Minister Chris Snyder

24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

Candace Rallison

25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

Candace Rallison

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY. NOT TO BE RECORDED

SPOUSE	26 SOCIAL SECURITY NUMBER 594-89-0641	27 RACE White	28 WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a NO OF THIS MARRIAGE 1	29b LAST MARRIAGE ENDED BY DEATH, DIVORCE OR ANNULMENT	29c DATE LAST MARRIAGE ENDED (Mo, Day, Year)
SPOUSE	30 SOCIAL SECURITY NUMBER 594-91-3638	31 RACE White	32 WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a NO OF THIS MARRIAGE 1	33b LAST MARRIAGE ENDED BY DEATH, DIVORCE OR ANNULMENT	33c DATE LAST MARRIAGE ENDED (Mo, Day, Year)