

121 000181706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

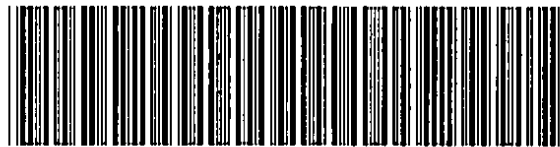
(Business Entity Name)

(Document Number)

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04/28/22--01015--015 **30.00

FILED
2022 APR 28 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 21 2022
S. PRATHER

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: VIBRANCE HAIR STUDIO 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:

DAWN COLANDO
Name of Person
VIBRANCE HAIR STUDIO LLC
Firm/Company
812 W NEW HAVEN AVE
Address
MELBOURNE, FL 32901
City/State and Zip Code
dcolando1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWN COLANDO 321 313-9898
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

VIBRANCE HAIR STUDIO LLC

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

FILED
2022 APR 28 PM 5:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/19/2021

Florida document number L21000181706

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:

DAWN COLANDO

New Registered Office Address:

2125 AVOCADO AVE

Enter Florida street address

MELBOURNE


City

Florida 32935

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

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>	<u>Type of Action</u>
MGR	DAWN COLANDO	2125 AVOCADO AVE	<input checked="" type="checkbox"/> Add
		MELBOURNE, FL 32935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	SARAH RIZZO GUDGEON	124 VIRGINIA RD	<input type="checkbox"/> Add
		WEST MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SARAH RIZZO GUDEON HAS TRANSFERED THE BUSINESS OWNERSHIP TO DAWN COLANDO

AS OF APRIL 1st 2022

E. Effective date, if other than the date of filing: 4-1-2022 (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

4-25-2022



Signature of a member or authorized representative of a member

DAWN COLANDO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR 28 PM 5:01

FILED