

h21000326476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

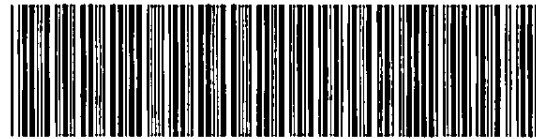
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

2021 AUG 20 PM 2:09

FILED

D BRUCE
AUG 31 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG 25 PM 2:23

August 8, 2021

TAYLOR MCCUE
1031 NEPTUNE LANE
NEPTUNE BEACH, FL 32266

SUBJECT: HER SALON, LLC
Ref. Number: L21000326476

We have received your document for HER SALON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 121A00018742

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2021 AUG 20 PM 2:09
TALLAHASSEE

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HER 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:

Taylor McCue
Name of Person

Firm/Company

1031 NEPTUNE LANE
Address

NEPTUNE BEACH, FL 32266
City/State and Zip Code

tmccue123@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taylor McCue at (904) 382-1543
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 20 PM 2:09

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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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
215 N. M. Street, Suite 810

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HER SALON, LLC

(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 7/19/2021 and assigned Florida document number L21000326476

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)

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2021 AUG 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FL

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:

CORRECT NAME:
Name of ~~New~~ Registered Agent:

(WAS LISTED BACKWARDS)

SHOULD BE MCCUE, TAYLOR

New Registered Office Address:

+ NOT TAYLOR, MCCUE

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.

Taylor McCue
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

NAME WAS BACKWARDS
PLEASE CORRECT

Title Name Address Type of Action

AMBR TAYLOR, McCUE _____ ☐ Add
SHOULD BE McCUE, TAYLOR _____ ☐ Remove
_____ ☐ Change

AMBR McCue, Taylor 1031 Neptune Lane ☐ Add
 Neptune Beach, FL 32266
_____ ☐ Remove
_____ ☒ Change

_____ ☐ Add
_____ ☐ Remove

_____ ☐ Change

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_____ ☐ Add

_____ ☐ Remove


SECRETARY OF STATE
TALLAHASSEE, FL
2018 AUG 30 PM 12:09
FILED

2021 AUG 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FL

REC'D
2021 AUG 20 PM 2:09
SECURITY DIVISION
TALLAHASSEE, FL

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 July 20, 2021.


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Taylor McCue

Typed or printed name of signee