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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations		· ·		;	•	
SUBJE	сст: <u>Styles</u>	by Mara Name of Linda	O SA ON LL ted Liability Company	C			
The end	closed Articles of Amendme	nt and fee(s) are subn	nitted for filing.				
Please	return all correspondence co	ncerning this matter to	o the following:				
		Ма	rgo Underwood Name of Person	d			
			Firm/Company			282 1	}
		U/W CYPRE	Address	1		SECRETARY OF STATE TALLAHASSEE, FL	534 645
		issimmee f	City/State and Zip Code 20 Salon 6 Out 100) 5 be used for future annual repo			S AMII	5
	_5/	ylebymarg E-mail address: Ac	o be used for future annual repo	K. Com n notification)		EVIE FF C	
For fur	ther information concerning	this matter, please cal	II:				
14	argo Underwood	nd	at (267) 46 Area Code D	7 - 605 Paytime Telepho	7 ne Number		
Enclose	ed is a check for the followir	ng amount:					
□ \$25		00 Filing Fee & rtificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed		\$60.00 Filin Certificate of Certified Co (additional cop	of Status &	
	Mailing Address:		Street Addre	ess:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Styles by Margo SAlon LLC

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) cd Liability Company)
The Articles of Organization for this Limited Liability Comparing the Florida document number <u>L210000367597</u> .	any were filed on August 16, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	ACCEPT AUG
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ALIASSEE FL
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	go Underwood
New Registered Office Address: 23	35 Meadou) ()ak (Yic
Kis	Enter Florida street address SÎMME Florida 34746 City Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Margo Underwood	2335 meadow Oak Cirle	
		Kissimmee FL 34746	□Remove
			Change
			□Remove
			SEGRETANG
			AUG 35 AMBO: 45 ANGO: 45 AMBO:
			Change
			□Add
			□Remove
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Note: If	e date, if other than the date of filing:	o 605.01 e listed	207 (3)(b) as the
f the record record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day i.	after tl	he
Dated _	8/3/22		
	Signature of a member or authorized representative of a member	_	
	Typed or or inted name of signee	_	

Filing Fee: \$25.00