From Melanie Ibarra

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000375809 3)))



H240003758093ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

r Page: 2**⇒**f 6

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADISON'S FACIAL BAR LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

K. SALY

NOV 13 2024

Electronic Filing Menu Corporate Filing Menu

Registration Section

TO:

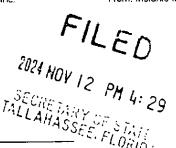
COVER LETTER

Division of C	orporations		
	ON'S FACIAL BAR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
		City/State and Zip Code	
	madisonsfacialbar@gmail.c		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Mike Town		800 773-0888	
Раги	c 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)
Regi Divi: P.O.	iLING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURID Registration Section Division of Corpora Chifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

To.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



MADISON'S FACIAL BARTLC		MASSÉE. FLORIO
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	— — uil0
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000503219</u>	were filed on 11/24/2021	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	2705 TAMIAMI TRL UNIT 312	
(Principal office address MUST BE A STREET ADDRESS)	PUNTA GORDA, FL 33950	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Citv	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

LegalZoom.com, Inc.

If amendin	amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:		
MGR = N AMBR = N	Manager Authorized Member		2024 HOV 12 PM 4: 29 FALLAHASSEE, FLORID. Add
<u>Title</u>	<u>Name</u>	Address	TALLAHASSE FESTAL
			Add
			□ Remove
		 	Change
			☐ Remove
		····	Change
			
			□ Remove
			□ Remove
			
			□ Add
			□ Remove
		-	Change
		-	
			Chunus.

		
		
		
		SECRETARY SECTION
		200
		20 C
		<u> </u>
		ربي
		
		
an effect ote: If	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	irsuant to 605.0207 (3)(b I not be listed as the
e recor The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier of:
ated	October 3. 2024. Millalli	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00