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T. MATTHEWS FEB 2 8 2022

COVER LETTER

TO: **Registration Section Division of Corporations GOLDEN DOMINICAN SALON** SUBJECT: 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: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

GOLDEN DOMINICAN SALON		22 FEL 10 TUNE: 57
(Name of the Limited Lin (A Flo	ability Company as it now prida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Florida document number 1220002	ty Company were filed o	on $01/3/2012$ and assigned
This amendment is submitted to amend the following	ā.	
A. If amending name, enter the new name of the	limited liability compa	ny 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 AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address her		our records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Ent	er Florida street address
		Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name (<u>Address</u>	Type of Action
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Note:	ive date, if other than the date of filing:
e recor rd is fi	rd 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 led.
Dated	1/11/2027
	Olivis Jordina his Holice
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00