

L220000410202

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC
Account Number : I20150000034
Phone : (239)344-7417
Fax Number : (888)344-7262

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

Email Address: ROS.VHACLOS.MOCHIS.1983@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RC HAIR SALON LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

FEB 14 2022

2022 FEB 11 PM 3:24

FILED
2022 FEB 11 PM 5:12
FLORIDA SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RC HAIR SALON LLC

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

FILED
2022 FEB 11 PM 5:12
FALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/20/2022 and assigned
Florida document number 1,22000040202.

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**)

10650 METRO PARKWAY #104

FORT MYERS FL 33966

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10650 METRO PARKWAY #104

FORT MYERS FL 33966

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:

New Registered Office Address:

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.

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
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_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

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GALLAHUSSE, FLORIDA

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

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TALLAHASSEE
FLORIDA

E. Effective date, if other than the date of filing: _____ (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 02-11 2020

[Signature]
Signature of a member or authorized representative of a member

CAROLINA CLARINDO GOMES

Typed or printed name of signer