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A. BUTLER JUN 10 2022

COVER LETTER

· TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor		•	
SUBJECT: OCEAN	SALON BY JL LLC		
Sobstici.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LAN LE		
		Name of Person	
	OCEAN SALON BY JL	LLC	
		Firm/Company	·
	11205 MADISON PAI	RK DR	
		Address	
	TAMPA, FL 33625		
		City/State and Zip Code	
	lanle71282@gmail.d		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
LAN LE		at (<u>813</u>) <u>842061</u> 1	
Name o	of Person		Telephone Number
Enclosed is a check for the	_	_	_
✓ \$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 Addres	ss:	Street Address:	
Registration		Registration Sec	
Division of C	Corporations	Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

OCEAN SALON BY JL LLC

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2022 JUN -7 AM 6: 08

(Name of the Limited Liability Company as it now appears on our records: FIFRY OF STATE TALLAHASSEE, FL 03/02/2022 The Articles of Organization for this Limited Liability Company were filed on _ and assigned L22000108596 Florida document number 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." 11205 MADISON PARK DR Enter new principal offices address, if applicable: TAMPA, FL 33625 (Principal office address MUST BE A STREET ADDRESS) 11205 MADISON PARK DR Enter new mailing address, if applicable: TAMPA, FL 33625 (Mailing address MAY BE A POST OFFICE BOX) 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 City 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JUBELKNIGHT	11205 MADISON PARK DR	□ Add
		TAMPA, FL 33625	☑Remove
			□ Change
			□Add
			Remove
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		□Remove	
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		□Add	
		□Remove	
	•		□Change

ii amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lf an effecti <u>Note:</u> If t	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Janil 27, 2022
	Signature of a member or authorized representative of a member
	Jubei Knight Typed of printed name of signee

·...,

Filing Fee: \$25.00