

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22000181772**

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

From: Account Name : JTAX CORP  
Account Number : I20200000009  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: HELLO@JTAXCORP.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALL NATIONS HAIR SALON LLC**

Certificate of Status	0
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2022 SEP 19 PM 3:20  
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL NATIONS HAIR SALON LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/15/2022 and assigned  
Florida document number 1.22000181772.

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:

3358 W HILLSBORO BLVD

(Principal office address **MUST BE A STREET ADDRESS**)

DEERFIELD BEACH FL 33442

Enter new mailing address, if applicable:

3358 W HILLSBORO BLVD

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

DEERFIELD BEACH FL 33442

**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:

JTAX CORP

New Registered Office Address:

23123 STATE RD 7 STE 315

Enter Florida street address

BOCA RATON

Florida

City

33428

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

[illegible]

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

[illegible]

**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 September 19th \_\_\_\_\_, 2022

Tanaka Kenichi

Signature of a member or authorized representative of a member

TACIANE DE ANDRADE RAIMUNDO

Typed or printed name of signee

**Filing Fee: \$25.00**