

L22000189401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2022 OCT -4 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 OCT -4

A. RAMSEY

OCT - 4 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haux of ^{Skin} ~~Beauty~~ and ^{Beauty} ~~Skin~~ aesthetics
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:

Shayla Jones
Name of Person

1
Firm/Company

151 Powerline Rd
Address

East Palatka FL, 32131
City/State and Zip Code

ShaylaJones1695@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shayla Jones at (386) 336-3362
Name 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)

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

FILED

2022 OCT -4 PM 12:44

Haus of skin and beauty aesthetics
(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 4-20-22 and assigned Florida document number L22000189401.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n celia's Haus of aesthetics LLC
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)

301 S. Palm Ave
Palatka, FL, 32177

Enter new mailing address, if applicable:

(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:


Shayla Jones

New Registered Office Address:

151 Powerline Rd
Enter Florida street address
East Palatka, Florida 32131
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>
AMBR/ MGR	Shayla Jones	151 Sawtine Rd. 5	<input checked="" type="checkbox"/> Add
		East Palatka, FL, 32131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mark Jones	151 Sawtine Rd	<input checked="" type="checkbox"/> Add
		East Palatka, FL, 32131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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