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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Business Entity Name) (Document Number) Certificates of Status Special Instructions to Filing Officer:		<u></u>
(Address)	(Requestor's Na	me)
(City/State/Zip/Phone #)	(Address)	
(City/State/Zip/Phone #)	(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Special Instructions to Filing Officer:		
(Business Entity Name) (Document Number) Pertified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/P	'hone #)
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TO: Registration Section

Division of Corporations

SUBJECT: _

POINT OF VIEW UNISEX SALON LLC

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:

WANDA L REED

Name of Person

Firm/Company

2937 REGISTER ROAD

Address

FRUITLAND PARK, FL 34731

City/State and Zip Code æ E-mail address: (to be used for fylure annual report notification) Wanday

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2022

WANDA L REED 100 S 4TH STREET LEESBURG, FL 34748

SUBJECT: POINT OF VIEW UNISEX SALON LLC. Ref. Number: L22000215599

We have received your document for POINT OF VIEW UNISEX SALON LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are also wanting to add Wanda L Reed as a Manager I am enclosing an Amendment form. You can change the Registered Agents address and add Manager on the Amendment Form. Can only change Address and Registered agent on the Statement of Change of Registered Office/Agent form.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 322A00024731

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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POINT OF V	/IEW UNISEX SALON LLC		
(<u>Name of the Limited Liah</u> (A Flori	<u>ility Company as it now appears</u> ida Limited Liability Company)	s on our records.)	CARESE
The Articles of Organization for this Limited Liability Florida document numberL22000215599	Company were filed on	05/05/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	<u>mited liability company her</u>	<u>re</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>			
B. If amending the registered agent and/or register agent and/or the new registered office address here		cords, <u>enter the na</u>	me of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florie	da street address	
		, Florida _	
	Ciny		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:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	WANDA L REED	2937 REGISTER ROAD	Add
		FRUITLAND PARK, FL 34731	🗆 Remove
			□Change
AP	JESSICA S REED	4600 ROSWELL RD	🗇 Add
		SANDY SPRINGS, GA 30342	Remove
			□Change
AP	CHRISTINA E BASCOM	2101 VERA DOR DRIVE	🗆 Add
		FRUITLAND PARK, FL 34731	Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			Change
			🗋 Add
			□Remove
			□ Change

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

OF
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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	JANUARY 11	2023	
	Wanter a		
		Signature of a member or authorized representative of a member	
		WANDA L REED	

Typed or printed name of signee