

L22000313152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

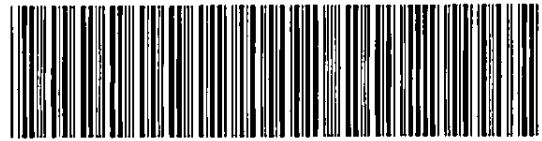
(Business Entity Name)

(Document Number)

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03/14/20--01011--01L **25.00

RECEIVED
03/14/20 PM 2:00
CLERK OF THE STATE
OF FLORIDA, FL

~~03/14/20~~

R. HUNT

03/14/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Empress 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:

Leslie Jones

Name of Person

Firm/Company

4368 Lady Beverlee Ct S

Address

Boynton Beach, FL 33436

City/State and Zip Code

lajones4368@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
2008 MAR 14 PM 2:00
TALLAHASSEE, FL

For further information concerning this matter, please call:

Leslie Jones

Name of Person

561 at ()

Area Code

704-6892

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**

Empress 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 07-14-23 and assigned
Florida document number L22000313152.

This amendment is submitted to amend the following:

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

Empress Salons 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)

4368 Lady Beverlee Ct S

Boynton Beach, FL

33435

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as Above

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:

Leslie Jones

New Registered Office Address:

4368 Lady Beverlee Ct S

Enter Florida street address

Boynton Beach

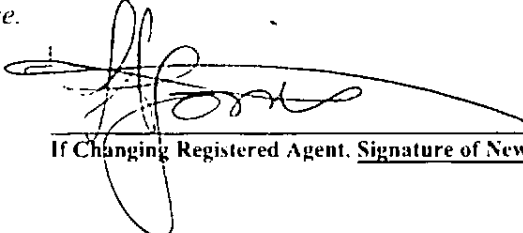
City

Florida 33436

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	Leslie Jones	4368 Beverlee Ct S	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL	<input type="checkbox"/> Remove
		33436	<input type="checkbox"/> Change
CEO	Leslie Jones	4368 Beverlee Ct S	<input type="checkbox"/> Add
		Boynton Beach, FL	<input checked="" type="checkbox"/> Remove
		33436	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2013 JUN 14 PM 2:00
STATE OF FLORIDA
HALL COUNTY

RECEIVED
STATE
FEB 14 PM 2:00

7/23/18 4 PM 2:00
STATE
FALL

(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 March 07 2023

Signature of a member or authorized representative of a member

Leslie Jones

Typed or printed name of signee