## 22000388373

(R	Requestor's Name)
(A	ddress)
Α)	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
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<sup>2023</sup> HAR 21 PH 12: 5

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	he Refinery	Salon, LLC ited Liability Company	<u>.</u>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Leah Fer	nenhock Name of Person	
		Firm/Company	
	4512 Blow	ham Cutoff Rd.	
	<u>Crawford vi</u>	City/State and Zip Code  ner bock of mail. Lost to be used for future annual report notif	
	Heah Fer B-mail address: 1	nen bock og ma. 1. 100 to be used for future annual report noti	Mication)
For further information eq	neerning this matter, please ca	all;	
Leah Fer	Person	at ( <u>B50</u> ) <u>545-</u> Area Code Daytim	4481 e Telephone Number
Inclosed is a check for th	e 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)

Malting 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

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$\tau_{1}$ $0$ $1$ $C$		2023 MAR 21 PM 12: 51.
The Refinery Sq. (Name of the Limited Liability Comp.) (A Florida Limited)	LON, LLC	
The Articles of Organization for this Limited Liability Company Horida document number <u>L 22000388373</u> .	were filed on <u>09 06</u>	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Salty Roots Salon: Co the new name must be distinguishable and contain the words "Limited Liabs		.l.C" or the abbreviation "L.lC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8013 Woodville Woodville, FL	Hwy 32362
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

increby 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 except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is lying 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 corremoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Litte</u>	<u>Name</u>	Address	Type of Action
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ffective date is liste If the date inse	ner than the date of ed, the date must be specif rted in this block does date on the Departmen	fic and cannot be prior not meet the applic	r to date of filing or mo cable statutory filing	re than 90 days after fili	ng ) Pursuant to 605.0.
ird specifies a de Tled. <b>D4</b>	layed effective date, bu	at not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t
<b>3</b> 18400	13/21 Luk	2023 fenerals	rk		
	Signature	a member or anth	orized representative	it a member	