

L22000400995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

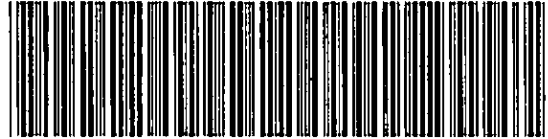
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FEB 24 2023



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2023 FEB 21 PM 3:08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2023

TABITA D LOUISDOR
1301 GATTIS DRIVE
ORLANDO, FL 32825

SUBJECT: ANOINTED TOUCH BEAUTY SALON LLC
Ref. Number: L22000400995

We have received your document for ANOINTED TOUCH BEAUTY SALON LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

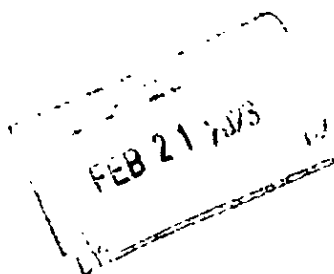
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 023A00002904

2023 FEB 21 PM 3:08

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANOINTED TOUCH BEAUTY SALON
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:

TABITA LOUISDOR
Name of Person
ANOINTED TOUCH BEAUTY SALON LLC
Firm/Company
255 S. ORANGE AVE
Address
ORLANDO, FLORIDA 32801
City/State and Zip Code
ANOINTEDTOUCHBEAUTYSALON7@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TABITA LOUISDOR
Name of Person
561 667-9129
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ANOINTED TOUCH BEAUTY 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 SEPTEMBER 14, 2022 and assigned Florida document number L22000400995.

This amendment is submitted to amend the following:

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

~~ANOINTED TOUCH LLC~~ Anointed Beauty by Tab Essence 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)

255 ORANGE AVE

ORLANDO, FL.

32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1301 GATTIS DR.

ORLANDO, FL.

32825

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:

TABITA LOUISDOR

New Registered Office Address:

1301 GATTIS DR.

Enter Florida street address

ORLANDO

City

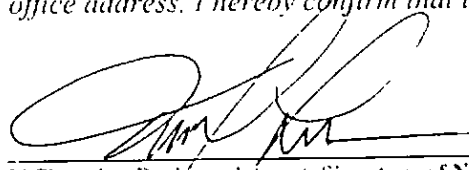
Florida

32825

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee