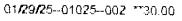
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PICK-UP	☐ WAIT	MAIL
		
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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FEB 27

S. PRATHER

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor		•		t.
	Salon LLC			
SUBJECT:	Name of Lim	ited Liability Company		<u>_</u> _
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Barbara Ward			
		Name of Person		
	Wildflower Salon LLC			
		Firm/Company		· · · · · · · · · · · · · · · · · · ·
	35 Bren Mar Ln			
	<del></del>	Address		<del></del>
	Palm Coast, FL, 32137			
	·	City/State and Zip Code		
	wildflowersalon23@gmail.			
		to be used for future annual re	port notification)	
For further information c	oncerning this matter, please ca	au:		
Barbara Ward		386 264- at ()		
Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u>	s:	Street Add	Iress:	
Registration S	Section	Registrat	ion Section	
Division of C P.O. Box 632			of Corporations of Corporation	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LLC" or the abbreviation "L.L.C."
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ter the name of the new regist
dress
Florida

## 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 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>	Type of Action
AMBR	Dulah N Cruse	4 Willow Place	□ Add
		Palm Coast, F1 32164	Remove
			□Change
AMBR	Brad N Ward	35 Bren Mar Ln	■Add
		Palm Coast, FL. 32137	□Remove
			□Change
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			🗆 Add
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	1-16-2025	(optional)	
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