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DIRECTOR'S OFFICE CALL ASSECTEDRIONS CALL ASSECUTION

RECEIVED

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COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	2151 Salon APD GALLERY LLC Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	SALIANTHA PEANY-LEifur Name of Person	
	2151 SALON AND GALLERY LLC Firm/Company	
	ZISI H 9th AVE Address	
	Persseols, Fl. 52503 City/State and Zip Code	
	THE 2151 SAKNARO CASILERY W YAHOO. COM E-mail address: (to be used for future annual report monification)	
	ncerning this matter, please call:	
SAMAPTHA	Person at (850) 341 0349 Area Code Daytime Telephone Number	
Name of	Person / Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

Fig

	_	2023 FEB 16 PH 12
2151 SALON AN	o Grallery UC	0.5%
(Name of the Limited Liability Compa (A Florida Limited I	o Gallery LC ny as it now appears on our records.) inability Company)	TALL
The Articles of Organization for this Limited Liability Company Florida document number <u>L2-300008942</u>]		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	2151 N. 94 AUE	
(Principal office address MUST BE A STREET ADDRESS)	PENSACOLA, FI 3Z	503
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(SAME)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	ie of the new registered
Name of New Registered Agent: Sax	Enter Florida street address City Lawth Ray - Leifur ANE Enter Florida street address Florida	L
New Registered Office Address: 215	N. 9th ANE	
Pers	Florida	32503
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
iten ikegiatetku 712em a tabuutetuitetu enanguag ikebateteu 712eute		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMON	DUANE E (Eifur	Scot E. AVERY ST PENSACO A P 32503	□Add
		PENSACO A, S 32503	□Remove
			₹ Change
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			□ Change

11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el <u>Note:</u>	tive date, if other than the date of filing:
ne reeo ord is f	rd 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 iled.
Dated	2/16 2023
,	Signature of a member or authorized representative of a member
	DUSIVE E. (E. Fun- Typed or printed name of signee

Filing Fee: \$25.00