

8/23/24, 2:52 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000279250 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KAUFFMAN THOMPSON, PLLC
Account Number : 120210000121
Phone : (941)479-3006
Fax Number : (941)777-4577

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
XSALONCE, LLC

Certificate of Status	0
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K. SALY

AUG 21 2024

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COVER LETTER

(((H24000279250 3)))

TO: Registration Section
Division of Corporations

SUBJECT: XSALONCE, 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:

GARY KAUFFMAN, ESQ. C/O KAUFFMAN THOMPSON, PLLC

Name of Person

KAUFFMAN THOMPSON, PLLC

Firm/Company

1990 MAIN STREET, SUITE 725

Address

SARASOTA, FL 34236

City/State and Zip Code

gary@kauffmanthompson.com

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

For further information concerning this matter, please call:

GARY KAUFFMAN

941

479-3006

at (_____) _____

Name of Person

Area Code

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**

XSALONCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

((H24000279250 3)))
FILED
2024 AUG 20 AM 4:35
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/22/2023 and assigned Florida document number 1.23000096512.

This amendment is submitted to amend the following:

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

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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

Title	Name	Address	Type of Action
MGR	ANTHONY IANNACCHINO	1471 MAIN STREET	<input type="checkbox"/> Add
		SARASOTA, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2024 AUG 20 PM 4:32
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2024 JUN 20 AM 11:35
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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 603.0207 (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: August 15, 2024

Signature of a member or authorized representative of a member

GIULIANA PROCOPIO

Typed or printed name of signee