L23000530855

(Re	equestor's Name)	
(Ad	idress)	·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

то:	Registration Section Division of Corporations					•
SUBJI	ECT: S6 Salon Services LLC Name of Li	imited Liability Company				
		, ,				
The en	aclosed Articles of Amendment and fee(s) are su	abmitted for filing.				
Plcase	return all correspondence concerning this matter	er to the following:				
		Samantha Hobson				
		Name of Person				
		S6 Salon Services LLC				
		Firm/Company			2023 DEC SEGRET	41
		171 S Orlando Ave Suite	С		REV REV	**************************************
		Address			22 P	3
		Maitland, FL 32751			PH 1: 12	
		City/State and Zip Code			12: 12	
	Shobson5188@outlook	.com				
	E-mail address	: (to be used for future annual re	eport notifica	tion)		
For fur	rther information concerning this matter, please	call:	•			
Samai	ntha Hobson		_ at (<u>32</u> 1) 594-9131		
	Name of Person	Area Code	-	elephone Numbe	ı	
Enclos	ed is a check for the following amount:					
X s:	25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee &	ż	□ \$60.00 F	Filing Fee, cate of Status &	
	Certificate of Status	Certified Copy (additional copy is enclo	osed)	Certifie		
	Mailing Address:	Street Add	dress:			
	Registration Section	-	tion Section			
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee					
	Tallahassee, FL 32314			anassee treet, Suite 8	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S6 Salon Services LLC		
	y Company as it now appears on Limited Liability Company)	our records.) (A
The Articles of Organization for this Limited Liability (Company were filed on Nove	ember 29, 2023 and assigned
Florida document number _L23000530855		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company her	2:
Style Sessions LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (F		
Enter new principal offices address, if apprecable.	Threspan office address 12 of	
	<u> </u>	7023 C 3 E C C 5 TA
Enter new mailing address, if applicable:		第2 2 1
		PM PM
(Mailing address MAY BE A POST OFFICE BOX)		
		n 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office		ords, enter the name of the new
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			Remove Z023 D Change
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ective date, if other (optional)	than the date of filing:			
n effective date is listed,	the date must be specific and cannot be pr	rior to date of filing or more than 90	days after filing.) Pursuant to	io (
b) Note: If the date if document's effective	serted in this block does not meet the date on the Department of State's reco	applicable statutory filing requir	ements, this date will not b)e

is filed.

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

Typed or printed name of signee

Filing Fee: \$25.00

2023 DEC 22 PM 4: 42