# 124000027887

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(Address)	
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### **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
	MO SALON & SPA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspondence	ondence concerning this matter	to the following:	
	John S. Gary		
		Name of Person	
	BELLISSIMO SALON &	SPA. LLC	
		Firm/Company	
	226 W 6th Street		
		Address	
	Panama City, FL 32401		
	<del></del>	City/State and Zip Code	
	scott@panhandledevelopme	ent.com	
	E-mail address: (	to be used for future annual report not	ification).
For further information of	concerning this matter, please ca	alt:	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
		•	·
Enclosed is a check for t	he 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 Addre Registration Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632	21	The Centre of	I aHahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLISSIMO SALON & SPA, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	01/12/2024	and assigned
Florida document numberL24000027887			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
BELLISSIMO SUITES, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			202 SE
			70 m
			70
Enter new mailing address, if applicable:			Cu jum
(Mailing address MAY BE A POST OFFICE BOX)			इ.स.च
Manning address Mail DE A LOST OF THE DOM		·	, v (m)
			<del>37 2</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	eords, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		. <del></del>	
New Registered Office Address:			
	Enter Florid	a street address	<del></del>
		, 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
	<del></del>		□Add
			Remove
			□Change
		<del></del>	□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
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	<del></del>	□Remove	
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		□Add	
		□Remove	
			□Change

# Page 2 of 3

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	4/9/2024
	The A. Har
	Signature of a member or authorized representative of a member
	John S. Gary
	Typed or printed name of signee

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Filing Fee: \$25.00