L2400005840

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03/22/24--01021--008 **25.00



COVER LETTER

TO: Registration S Division of Co	ection rporations		
Alexis Sav	rage, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Alexis Savage		
		Name of Person	
	Alexis Savage, LLC		
		Firm/Company	
	47 Freemont Turn		
		Address	
	Palm Coast, FL 32137		
		City/State and Zip Code	
	savagebeautyaesthetics@gr	nail.com	
	E-mail address:	to be used for future annual report noti	fication)
For further information of	concerning this matter, please of	rall:	
Alexis Savage	_	386 864-2729 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for the	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 Addres Registration S		Street Address:	otion.
Division of C		Registration Sec Division of Cor	
P.O. Box 632	27	The Centre of T	
Tallahassee, 1	FL 32314		e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alexis Savage, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{02/05/202}{1}$	4 and assigned
Florida document number L24000065840	'	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designati	on "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records	, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et uddress
		, 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
MGR	Alexis Savage	89 Forsythe Ln. Palm Coast. FL 32137	— Add
			□Remove
			□ Change
MGR	Stacy Savage	47 Freemont Turn, Palm Coast, FL 32137	□ Add
			Remove
		 	□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□ Change
			□ Add
			□Remove
			: □Change
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			Remove
			□Change
			□Add
			□ Remove
			□Change

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an effecti <u>ote:</u> If i	e date, if other that ive date is listed, the da the date inserted in to t's effective date on	te must be specific his block does n	and cannot be prior to meet the app	licable statutory	z or more than 90 day	(optional) ys after filing.) F its, this date w	Pursuant to 605.020
ecord s is filed.	pecifies a delayed ef	fective date, but	not an effective	e time, at 12:01	a.m. on the earlier	of: (b) The	90th day after th
ted	March 15		2024	·			
	Alonio X	א אונאונאל					
							
	(11200)	Signature (of a member or au	thorized represen	tative of a member		-

Filing Fee: \$25.00