2706v1000145

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



000428670100





May 14, 2024

SHARON TATE 896 WATER TOWER WAY #401 LANTANA, FL 33462

SUBJECT: HAIR CAFE OF PALM BEACH, LLC

Ref. Number: L24000163075

We have received your document for HAIR CAFE OF PALM BEACH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 924A00010483

Rebekah White Regulatory Specialist III

www.sunbiz.org

April 19, 2024

To Whom It May Concern:

Please process the changes on the attached amendment.

I can be reached at 202-290-0947 if additional information is needed.

Kind regards

Sharon Tate

Tatesharon39@yahoo.com

COVER LETTER

Registration Section Division of Corporations

TO:

Hair Cafe o	of Palm Beach, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Płease return all correspo	ondence concerning this matter	to the following:	
	Sharon Tate		
	·	Name of Person	
	Hair Cafe of Palm Beach.	LLC	
		Firm/Company	
	896 Water Tower Way, #4	01	
	-	Address	
	Lantana, FL 33462		
		City/State and Zip Code	
	tatesharon39@yahoo.com		
Pau fashas is faces sites		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	ait:	
Sharon Tate		202 290-0947 at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	aria
Registration :		Registration So	

Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hair Cafe of Palm Beach, LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 4/5/2024 and assigned
Florida document number L24000163075	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registere
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
CEO	Sharon Tate	896 Water Tower Way, #401	□Add
		Hypoluxo, FL 33462	□ Remove
			Change
CFO	Marcelius T. Jones	4585 GARDENS PARK BOULEVARD, APT 6316	
		ORLANDO, FL 32839	□Remove
			= Change
President	Antony D. Tate	609 2ND STREET, APT 734	
		WEST PALM BEACH, FL 33401	□Remove
VP	Diamond L. Jones	8250 E. Harvard Avenue	
		Bldg. 2, Apt. 102	
		Denver, Colorado 80231	⊟ Change
			□Add
			□Remove
			Change
	,- 		□Add
		·	□Remove
			☐ Change

	I, Sharon Tate am the owner of this business and I inadvertently put wrong title for Anthony D. Tate (son).
-	f also inadvertently forgot to include the middle initial for the CFO, Marcelius T. Jones (son).
-	I, Sharon Tate ain the owner of this business and I inadvertently put wrong title for Diamond L. Jones (daughter).
•	
-	
-	
-	
-	
-	
-	
_	
-	
-	
-	
_	
n eff <u>ote:</u>	ive date, if other than the date of filing: (optional) ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
core	d 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 dect.
ted	April 19, 2124 Signature of a meriber or authorized representative of a member
	Sharon Jate owner & Regustered yest
	Shapon Take

Filing Fee: \$25.00