

L24 000 163075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

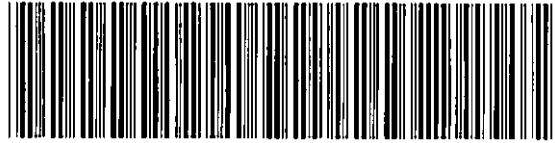
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED IN CHARGE OF THE CLERK OF THE COURT

2024 MAY -6 PM 4:17

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Rebekah White
Regulatory Specialist III

Letter Number: 924A00010483

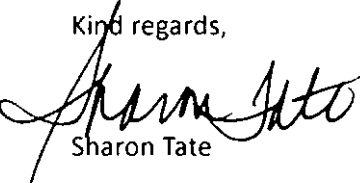
April 19, 2024

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,

A handwritten signature in black ink, appearing to read "Sharon Tate", written in a cursive style.

Sharon Tate

Tatesharon39@yahoo.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hair Cafe of Palm Beach, 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:

Sharon Tate

Name of Person

Hair Cafe of Palm Beach, LLC

Firm/Company

896 Water Tower Way, #401

Address

Lantana, FL 33462

City/State and Zip Code

tatesharon39@yahoo.com

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

For further information concerning this matter, please call:

Sharon Tate

202

290-0947

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

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>	<u>Address</u>	<u>Type of Action</u>
CEO	Sharon Tate	896 Water Tower Way, #401	<input type="checkbox"/> Add
		Hypoluxo, FL 33462	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CFO	Marcelius T. Jones	4585 GARDENS PARK BOULEVARD, APT 6316	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
President	Antony D. Tate	609 2ND STREET, APT 734	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Diamond L. Jones	8250 E. Harvard Avenue	<input type="checkbox"/> Add
		Bldg. 2, Apt. 102	<input type="checkbox"/> Remove
		Denver, Colorado 80231	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please also add the EIN# 99-1991663.

I, Sharon Tate am the owner of this business and I inadvertently put wrong title for Anthony D. Tate (son).

I also inadvertently forgot to include the middle initial for the CFO, Marcellus T. Jones (son).

I, Sharon Tate am the owner of this business and I inadvertently put wrong title for Diamond L. Jones (daughter).

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 605.0207 (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

April 19, 2024

Sharon Tate, owner & registered agent

Signature of a member or authorized representative of a member

Sharon Tate

Typed or printed name of signee