

L24000164521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

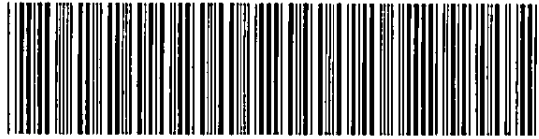
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSICE UNISEX HAIR SALON, 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:

IVLINE TELFORT

Name of Person

CLASSIC UNISEX, LLC

Firm/Company

2500 W International Speedway Blvd Suite 900 #1185

Address

Daytona Beach, FL 32114 United States

City/State and Zip Code

JOYMARKETINGPRO@GMAIL.COM

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

For further information concerning this matter, please call:

IVLINE TELFORT 305 647-9699
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CLASSIC UNISEX HAIR SALON, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/08/2024 and assigned
Florida document number L24000164521

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CLASSIC UNISEX HAIR SALON, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2500 W International Speedway Blvd Suite 900 #1185

Daytona Beach, FL 32114 United States

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2500 W International Speedway Blvd Suite 900 #1185

Daytona Beach, FL 32114 United States

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

IVLINE TELFORT

New Registered Office Address:

2500 W International Speedway Blvd Suite 900 #1185

Enter Florida street address

Daytona Beach

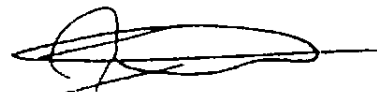
Florida 32114

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>	<u>Address</u>	<u>Type of Action</u>
MGR	IVLINE TELFORT	2500 W International Speedway Blvd Suite 900 #1185	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		TITLE P	<input checked="" type="checkbox"/> Change
AMBR	IVLINE TELFORT	2500 W International Speedway Blvd Suite 900 #1185	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		TITLE P	<input checked="" type="checkbox"/> Change
AMBR	BRIAN MARSEILLE	2500 W International Speedway Blvd Suite 900 #1185	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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

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2024 APR 30 PM 11:17
SECRETARY OF STATE
JILL AHASSEE, FLORIDA

[illegible]

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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee