

L24000 278 655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Opalescence Hair & Co.
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:

Alicia Shaffer

Name of Person

Opalescence Hair & Co.

Firm/Company

638 NE 15th CT

Address

CAPE CORAL FLORIDA 33909

City/State and Zip Code

opalescencehairco@gmail.com

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

For further information concerning this matter, please call:

Alicia Shaffer

Name of Person

at (239)

Area Code

839-4415

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

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2024

ALICIA SHAFFNER
638 NE 15TH CT
CAPE CORAL, FL 33909

SUBJECT: OPALESCENCE HAIR & CO. LLC
Ref. Number: L24000278655

We have received your document for OPALESCENCE HAIR & CO. 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):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 224A00018575

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

Opalescence Hair & Co.

(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 June 19, 2024 and assigned
Florida document number 24000278655 8 am

This amendment is submitted to amend the following: add/remove mbr

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Charlene Blauis	9111 Waterman Rd.	<input type="checkbox"/> Add
		Valsar MI 48768	<input checked="" type="checkbox"/> Remove
		638 Ne 15th Ct	<input type="checkbox"/> Change
MGR	Alicia Shaffer	Cape Coral FL 33909	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 SEP 3 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP -3 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2024 SEP -3 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FL

(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.

Dated 8.27.24

Alvin M. Mather

Signature of a member or authorized representative of a member

Alicia Shaffer

Typed or printed name of signee

Filing Fee: \$25.00