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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 31 2014

1 CUB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMPA BAY COSMETIC ARTS 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:

Marla Schenck ARNP

Name of Person

TAMPA BAY COSMETIC ARTS LLC

Firm/Company

1602 Oakfield Drive, Suite 109

Address

Brandon, FL 33511

City/State and Zip Code

gatorgirl1910@gmail.com

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

2014 OCT 30 PM 12:54
OFFICE OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Marla Schenck, ARNP

Name of Person

at (**813**) **545-6211**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TAMPA BAY COSMETIC ARTS LLC

SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2014 BY 60322
AND 60322

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

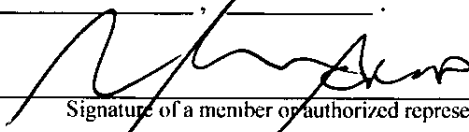
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marla Schenck, ARNP	4011 Priory Circle	☒ Add
		Tampa, FL	☐ Remove
		33618	☐ Add
MGR	Maria Schenck, ARNP		☒ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 28, 2014



Signature of a member or authorized representative of a member

Marla Schenck, ARNP

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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