

L18000 233654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

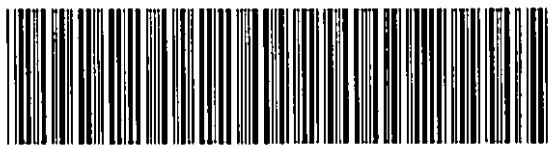
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 NOV -5 AM 4:30

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K. SALY
NOV 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERENITY 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:

JOSE LORENZO

Name of Person

JOSE LORENZO TAX SERVICE INC

Firm/Company

509 S ROYAL POINCIANA BLVD APT 207

Address

MIAMI SPRINGS, FL 33166

City/State and Zip Code

joselorenzo0222@gmail.com

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

For further information concerning this matter, please call:

LOURDES B MORENO

786 718-8493
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
AMBR	LOURDES B MORENO	7163 OVERSEAS HIGHWAY APT# 401 MARATHON, FL 33050	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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MARATHON, FL
COUNTY CLERK

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

N/A

Multiple horizontal lines for amending information.

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N/A

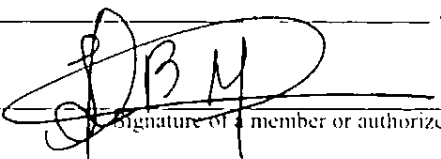
F. Effective date, if other than the date of filing: _____ (optional)

(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 _____



Signature of a member or authorized representative of a member

LOURDES B MORENO

Typed or printed name of signee