_230000 Z8H 33

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Operation statements to 1 ming officers

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03/12/25--01014--006 ***25.00



Spring 6-10-2025

COVER LETTER

TO: Registration Solution of Con					
- Change Bu	siness name				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sheryl Lafrance				
		Name of Person			
	1520 property.llc				
		Firm/Company			
	890 Ne 131 st			20'	
		Address		150 S	,
	north miami, fl 33161			2025 JUN -9 -> 5.07 / 15.7	
		City/State and Zip Code			
	1520propertylle.gmail.com			- 1 T	
	E-mail address: (to be used for future annual report notificati	ion)	8: 25	
For further information c	oncerning this matter, please c	all:		<u></u>	
Sheryl Lafrance		786 705-9156			
Name o	f Person	Area Code Daytime Tel	lephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	n		
Division of C		Division of Corpora			
P.O. Box 632		The Centre of Talla			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

1520 Property LLC	_	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reconted Liability Company)	rds.)
he Articles of Organization for this Limited Liability Complorida document number L23000028433	oany were filed on 01/13/2023	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
/iva Lafrance Beauty Bar, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u></u>	200
Inter new mailing address, if applicable:	6177 Raleigh Street	2021 JUNI - SECRETA
Mailing address MAY BE A POST OFFICE BOX)	Apt 202	ف الراب
Mailing address MAT BE A POST OFFICE BOAT	Orlando, FL 32835	125 3
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>ent</u> o	₹5 №
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addi	ress
		ress Florida Zin Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Add
			□Remove
			□ Change
			\Add
			Remove
			Change
			□Add
			Remove
			□Change

_____ ___ ___ __ ___ __ __

_____ □Remove

_____ Change

	The new name should be now entered as Viva Lafrance Beauty Bar, LLC
f an e Note	ffective date, if other than the date of filing:
	ord 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 filed.
Date	June 9th 2025
vatç	
	\sim 7 V \sim 7 \sim 7 V \sim 1 V

Filing Fee: \$25.00