

L23 0000 284 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

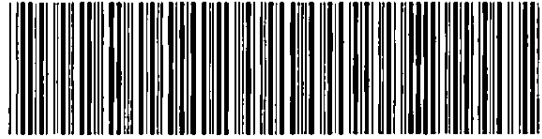
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/12/25--01014--008 **25.00

2025 JUN -9 PM 8:26
RECEIVED
FALL 2025

SBrown 6-10-2025

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Change Business name

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:

Sheryl Lafrance

Name of Person

1520 property, llc

Firm/Company

890 Ne 131 st

Address

north miami , fl 33161

City/State and Zip Code

1520propertyllc@gmail.com

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

For further information concerning this matter, please call:

Sheryl Lafrance

786

705-9156

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2005 JUN -9 PM 8:25
CORPORATION
TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

This is in response to the recent rejection that sent from SunBiz

The new name should be now entered as Viva Lafrance Beauty Bar, LLC

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

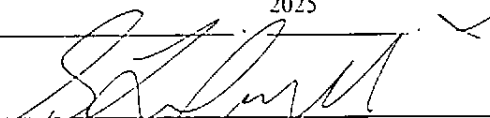
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 June 9th

2025



Signature of a member or authorized representative of a member

Sheryl Lafrance

Typed or printed name of signee

Filing Fee: \$25.00