

L20000192484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

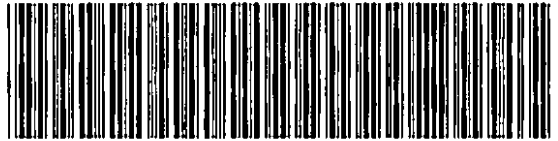
(Business Entity Name)

(Document Number)

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2020 NOV 24 PM 1:00

1/11/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENITY BARBERSHOP AND 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:

LUCINDA MEJICANOS RIVERA

Name of Person

SERENITY BARBERSHOP AND SALON LLC

Firm/Company

11680 BONITA BEACH RD SE UNIT 301-302

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

LUCINDAMUNOZ1978@GMAIL.COM

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

For further information concerning this matter, please call:

LUCINDA MEJICANOS RIVERA

239 200-2378
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

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

SERENITY BARBERSHOP AND SALON LLC

(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 07/07/2020 and assigned
Florida document number L20000192484.

This amendment is submitted to amend the following:

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)

11680 BONITA BEACH RD SE UNIT 301-302

BONITA SPRINGS, FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18404 ORIOLE RD

FORT MYERS, FL 33967

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2020 NOV 24 PM 1:00

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:

LUCINDA MEJICANOS RIVERA

New Registered Office Address:

11680 BONITA BEACH RD SE UNIT 301-302

Enter Florida street address

BONITA SPRINGS

City

Florida 34135

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	DAENIA S. WRIGHT	8405 MATANZAS RD	<input type="checkbox"/> Add
		FORT MYERS, FL 33967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUCINDA MEJICANOS RIVERA	18404 ORIOLE RD	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS F. IXCAYAU MEJICANOS	18404 ORIOLE RD	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2028 NOV 2 PM 00
Change
Add
Remove

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

2020 NOV 21 PM 1:00

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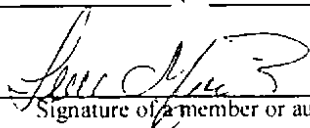
E. Effective date, if other than the date of filing: _____ (optional)

(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 NOVEMBER 19 2020



Signature of a member or authorized representative of a member

Lucinda Mejicanos Rivera

Typed or printed name of signee