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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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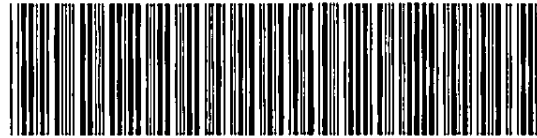
(Business Entity Name)

(Document Number)

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AUG 23 2019

2019 AUG 16 PM 2:24

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seazen's Salon & Spa
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:

Alberto Mendoza
Name of Person

~~XXXXXX~~
Firm/Company

24880 S Tamiami Trl Ste. 3 Unit 9
Address

Benita Springs FL 34134
City/State and Zip Code

Martien27@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Mendoza at (407) 733-0326
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

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

Seazen's Salon & Spa

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 AUG 16 PM 2:24

The Articles of Organization for this Limited Liability Company were filed on 10/10/2000 and assigned Florida document number 100000012725.

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)

24880 S Tamiami Trl Ste #3
room 9, Bonita Springs FL,
34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24880 S Tamiami Trl Ste #3
room 9, Bonita Springs FL,
34134

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:

Alberto Mendoza

New Registered Office Address:

24880 S Tamiami Trl Ste #3 room 9

Enter Florida street address

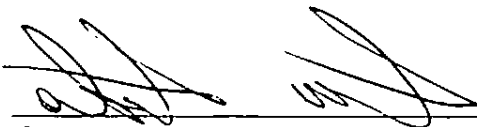
Bonita Springs, Florida 34134

City

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>
owner	Alberto Mendoza	24880 S Tamiami Trl #3	☐ Add
		room 9 Bonita Springs Fl	☐ Remove
		34134	☒ Change
owner	Ivonne Ocasio	26455 old 41 Rd 13-2	☐ Add
		Bonita Springs Fl 34135	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[illegible]

E. Effective date, if other than the date of filing: 04/19/2008 8-13-A (optional) A.M.
(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

Alberto Menteza
Typed or printed name of signer