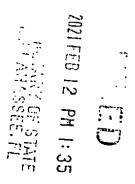
L00 000012725

(Req	uestor's Name)	
(Add	ress)	-
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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ertified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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/ SULKER FEB 1 5 2021



November 3, 2020

ALBERTO MENDOZA 24880 S TAMIAMI TRL STE 3 UNIT 9 BONITA SPRINGS, FL 34134

SUBJECT: SEAZEN'S SALON & SPAILC

Ref. Number: L00000012725

We have received your document for SEAZEN'S SALON & SPA LLC , however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00021988

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		_	
SUBJECT: Seo	Zen's Sali	o A & S A L	2020 STR RY AN 6:	:3
	Name of City	t (Company		
		;		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Allerte M	Name of Person		
		Firm/Company		
	24980 5 T	amiami Tr\ 5	te. 3 UN'+9	
	Bonita spr	City/State and Zip Code	1	
	Matlen 276 E-mail address:	Danail. Can to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	all:		
Alberto M	18N30ZQ fPerson	at (407) 733 - Area Code Daytime	Telephone Number	
	4			
Enclosed is a check for the	ne 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)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	etion	
Division of C	orporations	Division of Corp		
P.O. Box 632	7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 10/10/2000 and assigned

Florida document number 1,00000 12	725				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the desig	nation "LLC" or th	e abbreviation "l.	IC."
Enter new principal offices address, if applica	ble:	24830 S	impimal	177	x+c+3
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	700m9 8 34134	ion'ta s	rings	F ₁ ,
Enter new mailing address, if applicable:		24880 5	Tanian	in this	3te=#13
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	700m 9 Ba	onita si	prima i	
B. If amending the registered agent and/or reagent and/or the new registered office address		oddress on our reco	rds, <u>enter the n</u>	ame of the ne	্যা <u>w registerec</u>
Name of New Registered Agent:	Albert	c Weugo	28		
New Registered Office Address:	24880	5 Tamian Enter Florida	street address	5+c#3	hooma
	Bonita	Spring5	, Florida	34 3 Zip Code	4

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

New Registered Agent's Signature, if changing Registered Agent:

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>Address</u> Title Name Type of Action 24880 5 Tanian: Tr 1 43 WAdd azonery Alberto Mendoza AMBR room 9 Bunita Springs Fl Remove _____ □Remove _____ □Remove □Add _____ □Change _____ □Remove

_____ Change

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ote: if	e date, if other than the date of filing:
record is filed	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 d.
ated _	9-21-20 Am.
	Signature of a member or anthonized representative of a member
	- Signature of a member of antiformed representative of a member
	Alberta Mendera

Filing Fee: \$25.00