

LOG000020561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

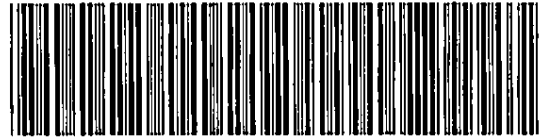
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Certificates of Status ☒

6.8.20

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JUN 15 2020

ALDRINGTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hair is Beauty, 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:

Shanelle Lambert

Name of Person

Hair is Beauty, LLC

Firm/Company

7561 W Oakland Blvd.

Address

Lauderdale, FL 33319

City/State and Zip Code

perfectlookhair@yahoo.com

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

For further information concerning this matter, please call:

Shanelle Lambert

646 3745671

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**

Hair is Beauty, 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 6/8/20 and assigned  
Florida document number L08000020561.

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 100768

Fort Lauderdale, FL 33310

**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:

Shanelle Lambert

New Registered Office Address:

7561 W Oakland Park

*Enter Florida street address*

Lauderhill

Florida

33319

*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<sup>3</sup> 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>
MGRM	Zeweldemariam, Lettie	11200 N.W. 23rd ST.	<input type="checkbox"/> Add
		Plantation, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Asgedom, Yohannes	11200 N.W. 23rd ST.	<input type="checkbox"/> Add
		Plantation, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shanelle Lambert	7561 W Oakland Park	<input checked="" type="checkbox"/> Add
		Lauderhill, FL 33319	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Remove MGRM Zeweldemariam, Lettie and MGRM Asgedom, Yohannes

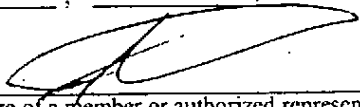
**E. Effective date, if other than the date of filing:** 6/8/20 **(optional)**

*(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 8, 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Shanelle Lambert

\_\_\_\_\_  
Typed or printed name of signer