

L08000042599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

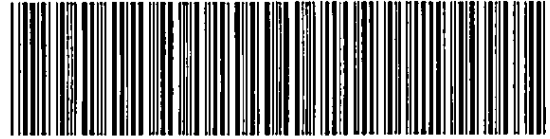
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LLC  
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DIVISION OF STATE  
CORPORATION  
19 JUL 23 PM 3:18

AUG 02 2019

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LASHFIX

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:

Rakelle Madame Jerome

Name of Person

LASHFIX, LLC

Firm/Company

405 NE 11th Street

Address

Miami, FL 33161

City/State and Zip Code

lashfixmiami@gmail.com

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

For further information concerning this matter, please call:

Rakelle Madame Jerome

Name of Person

at ( 786 )

Area Code

449-1700

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

To Whom This May Concern:

I completed the wrong documents and submitted \$90 for the following:

- certificate of status \$10
- certified copy \$30
- non-refundable processing fee \$50

My goal was to change the name of my business. I would to ~~the~~ obtain:

- certificate of status
- certified copy

Once, the business name has be updated. Please, submit refund to:

425 NE 111th Street  
Miami, FL 33161

Thank You,

Rakelle Madame Jerome



LASHFIX

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

La Boutique Del Forte, LLC

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

19 JUL 23 PM 3:18  
DIVISION OF CORPORATION  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/29/2008 and assigned  
Florida document number L08000042599.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LASHFIX, LLC

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)**

425 NE 111th Street

Miami, FL 33161-7155

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

**(Mailing address MAY BE A POST OFFICE BOX)**

425 NE 111th Street

Miami, FL 33161-7155

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated July 22nd, 2019.

  
Signature of a member or authorized representative of a member

Rakelle Madame Jerome  
Typed or printed name of signee