

Jan. 31. 2019 9:31AM
1/30/2019

PAGIO'S & ASSOCIATES, LLC
Division of Corporations

120100000043 P. 1

L10000102923

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000035766 3)))



H190000357663ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : 120100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 31 AM 11:10

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALICIA'S SALON & SPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. CLINE

FEB 1 - 2019

EXAMINER

2019 JAN 31 AM 10:01

H19000035766 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALICIA'S SALON & SPA, 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:

LAURA BAIRD

Name of Person

ALICIA'S SALON & SPA, LLC

Firm/Company

6991 COLLINS AVE

Address

MAIMI BEACH, FL 33141

City/State and Zip Code

aliciaspa305@gmail.com

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

For further information concerning this matter, please call:

LAURA BAIRD

305 397-8208

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 31 AM 11:10

FILED

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

H19000035766 3

ALICIA'S SALON & SPA, 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 10/01/2010 and assigned
Florida document number L10000102923

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) _____

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: H190000357663

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	LAURA BAIRD	6991 COLLINS AVE	<input checked="" type="checkbox"/> Add
		MIAM BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KIAN WONG	6991 COLLINS AVE	<input checked="" type="checkbox"/> Add
		MIAM BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALICIA B BAIRD	7135 COLLINS AVE	<input checked="" type="checkbox"/> Add
		APT 1712	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Change
MGRM	CARLOS BAIRD	7135 COLLINS AVE	<input checked="" type="checkbox"/> Add
		APT 1712	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33141	<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

2019 JAN 31 AM 11:10
 SEAL OF STATE
 ALLAHASSEE, FLORIDA

FILED

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

2019 JAN 3 AM 11:10
DEPT. OF STATE
TALLAHASSEE, FLORIDA

三

E. Effective date, if other than the date of filing: 01/30/2019 (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 G05.0207 (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 January 30, 2019

Asst. Dir.
Signature of a n

Signature of a member or authorized representative of a member

ALICIA B. BAIRD

Typed or printed name of signee