

L10000102923

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

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

2021 SEP -1 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2021 SEP -1 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BB
9/2/21

COVER LETTER

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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:

ALICIA BEATRIZ BAIRD

Name of Person

ALICIA'S SALON & SPA,LLC

Firm/Company

7501 E TREASURE DRIVE, APT 1A

Address

NORTH BAY VILLAGE, FL 33141

City/State and Zip Code

ALICIABAIRDSALON@YAHOO.COM

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

For further information concerning this matter, please call:

ALICIA B. BAIRD

786 333-0675

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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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:

7501 E TREASURE DR, APT 1A

(Principal office address MUST BE A STREET ADDRESS)

NORTH BAY VILLAGE, FL 33141

Enter new mailing address, if applicable:

7501 E TREASURE DR, APT 1A

(Mailing address MAY BE A POST OFFICE BOX)

NORTH BAY VILLAGE, FL 33141

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;

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LAURA BAIRD	790 73RD STREET, APT 26	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAURA BAIRD	6991 COLLINS AVE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KIAN WONG	6991 COLLINS AVE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALICIA B. BAIRD	7501 E TREASURE DR, APT 1A	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CARLOS BAIRD	7501 E TREASURE DR, APT 1A	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE FLORIDA


E. Effective date, if other than the date of filing: SEPTEMBER 01, 2021 (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 SEPTEMBER 01 2021


Signature of a member or authorized representative of a member

ALICIA B. BAIRD

Typed or printed name of signee

Filing Fee: \$25.00