11000017062

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP		MAIL
(Ri	ısiness Entity Naı	me)
(50	isiness Entity (vai	nie,
	6 51 . 1 3	
(1)0	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	_	
·		





000290291210

09/19/16--01015--027 **25.00

15 DEC -5 AM ID: 88

DEC 0 7 2016 Y SULKER



September 21, 2016

LESLIE GAENSEL 17670 NW 78TH AVE #106 MIAMI, FL 33015

SUBJECT: LMC BEAUTY FACTORY, LLC

Ref. Number: L11000097062

We have received your document for LMC BEAUTY FACTORY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Letter Number: 416A00020299

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LMC Beauty Factory Name of Limited Liability Company Recently married, The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Of DWNEY
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Leslie Gaensel (Carreño) Res &
Leslie Gaensel (Carreno) Person Los Beauty Factory Firm/Company 171070 NIM 78th Ave #1010
17670 NW 78th Ave #106
Miami, FL 33015 Sity/State and Zip Code
E-mail address (to be used for futule annual report notification)
For further information concerning this matter, please call:
Name of Person at (784) 281 - 3872 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: CNECK already sent & posted 9/20/16
S25.00 Filing Fee \$\begin{array}{c} \$30.00 Filing Fee & \$\begin{array}{c} \$55.00 Filing Fee & \$\begin{array}{c} \$60.00 Filing Fee, & \$\begin{array}{c} \$60.00 Filing Fee, & \$\begin{array}{c} \$Certificate of Status & \$\begin{array}{c} \$Certified Copy & \$\begin{array}{c} \$Certified Copy & \$\begin{array}{c} \$(additional copy is enclosed) & \$\begin{array}{c} \$Certified Copy & \$\begin{array}{c} \$(additional copy is enclosed) & \$\begin{array}{c} \$Certified Copy & \$

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	Beauty F	ACTORY it now appears on our re	cords.)	_
The Articles of Organization for this Limited List Florida document number LN 00009		81	24 11 and	assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of The LUC NAME NI The new name must be distinguishable and contain the wo	ot changir)9	*LLC" or the abbreviation	ı"L.L.C."
Enter new principal offices address, if applica		address	has not	changed
Enter new mailing address, if applicable:		nja	Σν	
(Mailing address MAY BE A POST OFFICE E	<u> </u>		And C))
B. If amending the registered agent and/or the new registered off	ice address here:	_	ords, enter the field	me of the new
MPACTING HARMS Name of New Registered Agent:	last name	Leslie	Gaense	(caweno)
New Registered Office Address:	17670 NW	17844#106 Enter Florida street a	Mami, Fr	<u>33015</u>
		City	, Florida	ode

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> Name **Type of Action** MGR Leslie Gaensel (Carreño) updating last name only ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Remove ☐ Change

☐ Add

☐ Remove

☐ Change

□ Add

☐ Remove

☐ Change

		- - -
		<u></u>
		- - -
		<u>-</u>
		-
		-
		-
		_
		_
	<u></u>	_
<u> </u>		-
\$	<u>PE</u>	
ASS.	2	entre.
	200	
NOR.	9	أسبرسا
>	(D)	-

Page 3 of 3

Filing Fee: \$25.00