

LI3000145503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

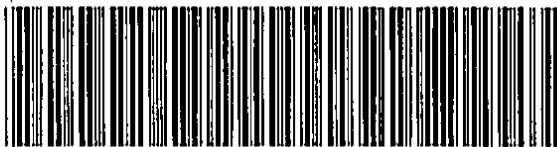
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000301858470

07/31/17 -01005--003 \*\*25.00

FILED  
2017 JUL 31 PM 2:41  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL 09100

K SALY  
AUG - 2 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elegant Styles BarberShop  
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:

Derek Zamora

Name of Person

Barbershop

Firm/Company

2509 NW 65 Ave

Address

Margate FL 33063

City/State and Zip Code

elegantstylesbarbershop@gmail.com

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

For further information concerning this matter, please call:

Derek Zamora

Name of Person

at ( )

Area Code

954-621-6547

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

FILED  
2017 JUL 31 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

FILED

2017 JUL 31 PM 2:42

Remove

Change

Add

SEARCHED

SERIALIZED

INDEXED

FILED

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

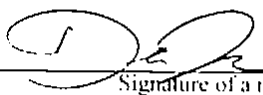
I would like to Remove Christina Dumornay  
off my LLC name please IF you have any  
other questions please call me at 954 621 8547  
I Am The Authorized member of the  
Company Dan Jim

FILED  
2017 JUL 31 PM 2:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 7/27/17

  
Signature of a member or authorized representative of a member

DEREK ZAMORA  
Typed or printed name of signee