

L/4000083126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

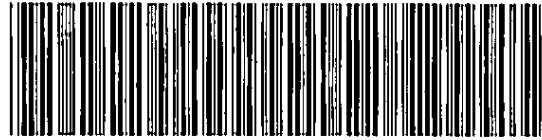
(Business Entity Name)

(Document Number)

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

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RECEIVED

OCT 22 2018

NOV 13 P 10:57

FILED

11/15/18 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2018

BEATRIZ R GUERRA  
557 W 49 ST  
HIALEAH, FL 33012

SUBJECT: AVON BEAUTY CENTER OF MIAMI 2, A LICENSED AVON  
BEAUTY CENTER, LLC  
Ref. Number: L14000083126

We have received your document for AVON BEAUTY CENTER OF MIAMI 2, A LICENSED AVON BEAUTY CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 618A00022497

*See attached  
as requested,  
although  
previously  
submitted  
with  
\$35  
check  
?*

2018 NOV 13 10:57

FILED

2018 NOV 13 PM 2:12

COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Avon Beauty Center of Miami<sup>2</sup> A Licensed Avon Beauty Ctr, L LC  
Name of Limited Liability Company

Mr Sir or Madam:

Enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatriz R Guerra

Name of Person

Avon Beauty Center of Miami 2

Firm/Company

557 W 49 St.

Address

Hialeah, FL 33012

City/State and Zip Code

beatrizr Guerra@yahoo.com

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

For further information concerning this matter, please call:

Beatriz R Guerra at (786) 251-2594

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

(Previously submitted and  
cashed... see  
letter attached  
in front)

2014 NOV 13 PM 10:57

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

In accordance with the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company commits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: Avon Beauty Center of Miami 2, A Licensed Avon Beauty Center, LLC

a) 557 W 49 St.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Hialeah, FL 33012

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

05-22-2014

Date of filing/registration in Florida

4.

L 14000083126

Document number

(a) Beatriz R Guerra

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3060 S Miami Ave

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami FL 33129

FL

b) Beatriz R Guerra

Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address:

3060 S Miami Ave

**NEW** Registered Office Address:

Miami FL 33129

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of organization or the operating agreement of the limited liability company.

Beatriz R Guerra  
Signature of a member or authorized representative of a member

Beatriz R Guerra  
Printed or typed name of signee

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Beatriz R Guerra  
Signature of Registered Agent

Please notice these  
2 forms WERE (already)  
previously submitted  
with \$35 check.  
Thanks.