

L 14000084544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
15 MAY 20 PM 4:58  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

3 MAY 21 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: dissolving/removal of myself on Vixen Beauty Bar  
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:

AFRICA N. Robinson  
Name of Person

Vixen Beauty Bar LLC  
Firm/Company

2267 Fowler St  
Address

FORT MYERS FL 33901  
City/State and Zip Code

vixenbeautybar@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AFRICA N. Robinson at (239) 671-9192  
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

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

Vixen Beauty Bar 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 05/13/2015 and assigned  
Florida document number L14000084544

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2267 Fowler St  
FORT MYERS FL  
33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4135 Residence Dr #606  
FORT MYERS FL  
33901

**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:

Hasheed K. Idette

New Registered Office Address:

4135 Residence Dr. #606

Enter Florida street address

FORT MYERS, Florida 33901  
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:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR	AFRICAN. Robinson	3314 Ellington Ct	<input type="checkbox"/> Add
		Fort Myers FL	<input checked="" type="checkbox"/> Remove
		33914	<input type="checkbox"/> Change

MGR	AFRICAN. Robinson	2247 Fowler St	<input type="checkbox"/> Add
		Fort Myer FL 33910	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	Hasheed K. Idlette	4135 Residence DR #606	<input checked="" type="checkbox"/> Add
		Fort Myers FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Yoruba Idlette	4135 Residence DR #606	<input checked="" type="checkbox"/> Add
		Fort Myers FL 33901	<input type="checkbox"/> Remove
			<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

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JAN 20 11 11 AM  
FORT MYERS  
FLORIDA

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

I AFRICA N. ROBINSON am removing/dissolving myself completely from Vixen Beauty Bar LLC at 2267 Fowler St Fowler St Fort Myers FL 33901. I am no longer the owner nor a member of the business. I'm releasing the complete and total 100% of Vixen Beauty Bar LLC over to the New owner Rasheed Kwamae Idette on May 13 2015. Rasheed is now the owner of the Business.

FILED  
15 MAY 20 PM 6:58  
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)

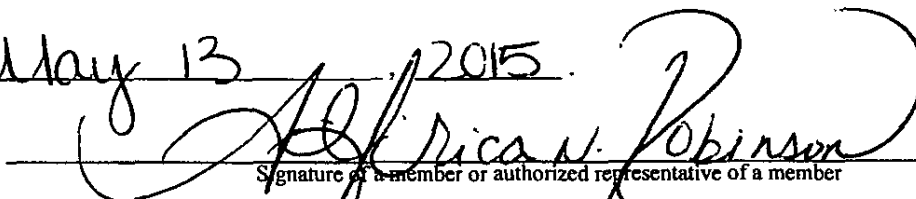
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

May 13, 2015



Signature of a member or authorized representative of a member

AFRICA N. ROBINSON

Typed or printed name of signee