

L1500000 2984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 06 2018  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA LASH BOCA RATON 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:

B BRUCE MYERS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2900 N MILITARY TRAIL, SUITE 247

\_\_\_\_\_  
Address

BOCA RATON, FL 33431

\_\_\_\_\_  
City/State and Zip Code

bbmyersmd@gmail.com

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

For further information concerning this matter, please call:

David Greenberg

954

560-3283

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

FILED  
18 JUL 30 11 04 AM  
TALLAHASSEE, FLORIDA

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

FLORIDA LASH BOCA RATON 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 01/05/2015 and assigned  
Florida document number L15000002984.

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:

(Principal office address MUST BE A STREET ADDRESS)

2900 N MILITARY TRAIL, SUITE 247

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2900 N MILITARY TRAIL, SUITE 247

BOCA RATON, FL 33431

**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:

B BRUCE MYERS

New Registered Office Address:

2900 N MILITARY TRAIL, SUITE 247

*Enter Florida street address*

BOCA RATON

*City*

Florida 33431

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MYERS, B BRUCE	2900 N MILITARY TRAIL	<input type="checkbox"/> Add
		SUITE 247	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change
MGR	ORR, JOEY	9439 BOCA RIVER CIRCLE	<input type="checkbox"/> Add
		BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ORR, JOEY	9439 BOCA RIVER CIRCLE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEFRANCESCO, DESIREE	9439 BOCA RIVER CIRCLE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR		9439 BOCA RIVER CIRCLE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 JUL 30 PM 6:  
FALLING STAR

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**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.

Dated JULY 26, 2018

B BRUCE MYERS

**Filing Fee: \$25.00**