

L15 0000 4405F

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2015

DENEDRA MANN
128 HEMMINGWAY CT
PALM SPRINGS, FL 33461

SUBJECT: ILASHDOLLZ BEAUTY BAR LLC
Ref. Number: L15000044058

We have received your document for ILASHDOLLZ BEAUTY BAR LLC and your check(s) totaling \$52.50. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00023546

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ILASHDOLLZ BEAUTY BAR LLC
DOCUMENT NUMBER: L15000044058

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denedra Mann

Name of Contact Person

ILASHDOLLZ BEAUTY BAR LLC

Firm/ Company

128 Hemmingway Ct

Address

Palm Springs FL 33461

City/ State and Zip Code

ilashdollz@yahoo.com

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

For further information concerning this matter, please call:

Denedra Mann

Name of Contact Person

at (561) 386-9090

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ILASHDOLLZ 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 3/11/15 and assigned Florida document number L15000644058.

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)

2300 Palm Beach Lakes Blvd
West Palm Beach FL 33409
Suite 200e

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

128 Hemmingway Ct
Palm Springs FL 33461

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:

New Registered Office Address:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Denedra Mann-Jean	2300 Palm Beach Lakes Blvd	<input checked="" type="checkbox"/> Add
		West Palm Beach FL 33409	<input type="checkbox"/> Remove
		Suite 200e	<input type="checkbox"/> Change
MGR	Wayne Jean A, Sr	128 Hemmingway Ct	<input type="checkbox"/> Add
		Palm Springs FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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15 NOV 24 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 24 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

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 November 14, 2015

November 18, 2015
Denedra Manni Jean
Signature of a member or authorized representative of a member

Denedra Mann - Jean
Typed or printed name of signer