

L15000067129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

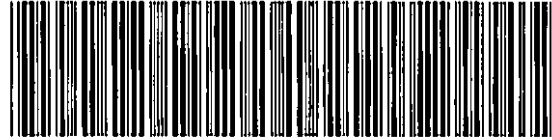
(Business Entity Name)

(Document Number)

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17 JUL 17 AM 7:18
TALLAHASSEE, FLORIDA

JUL 18 2017

J SHIVERS

WALLACK LAW FIRM

MICHAEL M. WALLACK
ATTORNEY

3260 FRUITVILLE ROAD, SUITE A
SARASOTA, FLORIDA 34237

Telephone (941) 954-1260
Fax (941) 556-0521
Email: MMW@WallackLawFL.com

LETTER OF TRANSMITTAL

July 14, 2017

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization
Document Number: L15000067129

ENCLOSURES:

Wallack Law Firm Operating Account Check #8004 in the amount of: \$55.00- (Articles of Amendment)
1. Articles of Amendment – The Lash Resort and Brow Studio LLC

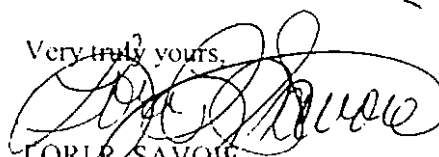
The above enclosures are:

- | | |
|---|--|
| <input type="checkbox"/> For Your Information | (X) For Filing |
| <input type="checkbox"/> For Your Signature and Return | <input type="checkbox"/> For Execution in presence of Notary Public |
| <input type="checkbox"/> Signature and Forwarding
as noted under Remarks | <input type="checkbox"/> For Execution in presence of Notary Public and two
(2) witnesses |
| <input type="checkbox"/> For Review and Comment | (X) For Payment |
| (X) For Necessary Action | <input type="checkbox"/> For Publication |
| <input type="checkbox"/> Per Your Request | <input type="checkbox"/> For Remittance |
| <input type="checkbox"/> Per Our Conversation | (X) See Remarks Below |

REMARKS: Please file the enclosed Articles of Amendment to Articles of Organization. Please return the Certified Copy to Wallack Law Firm in the envelope provided.

Please don't hesitate to contact our office if you have any questions.

Very truly yours,


LORIN SAVOIR
Paralegal

/lrs

Encl.: As Stated.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Lash Resort and Brow Studio 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:

Michael M. Wallack, Esq.

Name of Person

Wallack Law Firm

Firm/Company

3260 Fruitville Road, Suite A

Address

Sarasota, FL 34237

City/State and Zip Code

mmw@wallacklawfl.com

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

For further information concerning this matter, please call:

Michael M. Wallack

941

954 1260

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

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

The Lash Resort and Brow Studio 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 4/16/2015 and assigned
Florida document number L15000067129.

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)

2910 W. Gandy Blvd. Suite D

Tampa, FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2910 W. Gandy Blvd. Suite D

Tampa, FL 33611

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:

Amy E. Hammer

New Registered Office Address:

201 180th Avenue East

Enter Florida street address

Redington Shores

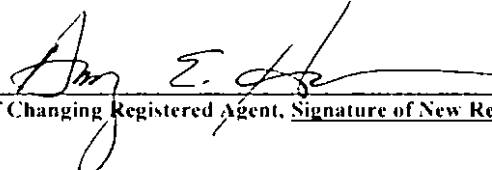
Florida 33708

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	Cynthia A. Ryan	857 180th Ave E	<input type="checkbox"/> Add
		Redington Shores, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John P. Ryan	857 180th Ave E	<input type="checkbox"/> Add
		Redington Shores, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amy E. Hammer	201 180th Ave E	<input checked="" type="checkbox"/> Add
		Redington Shores, FL 33708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

17 JUL 17 AM 7:19
STUDENT BODY OF STATE
FALLAHASSIST, FLORIDA

17 JUL 17 AM 7:18
STATIONARY W. SIDE
TALLAHASSEE, FLORIDA

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, 3, 2017

Signature of a member or authorized representative of a member

Amy E. Hammer

Typed or printed name of signee