

L15000111022

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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15 AUG 20 PM 3:48
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

AUG 21 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ECLECTICO HAIR SALON 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:

ADALGISA

Name of Person

ECLECTICO HAIR SALON LLC

Firm/Company

2416 NW 27 AVE

Address

MIAMI, FL 33142

City/State and Zip Code

eclectico_01@att.net

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

For further information concerning this matter, please call:

ADALGISA BROWN

786 606-4046
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**

ECLECTICO HAIR SALON 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 06/25/2015 and assigned Florida document number L15000111022

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)

2416 NW 27 AVENUE

MIAMI, FL 33142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2416 NW 27 AVENUE

MIAMI, FL 33142

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TALLAHASSEE, FLORIDA

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:

ADALGISA BROWN

New Registered Office Address:

2416 NW 27 AVENUE

Enter Florida street address

MIAMI

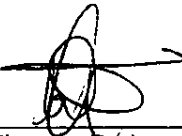
Florida 33142

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.

X 

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	ADALGISA BROWN	2416 SW 27 AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33142	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BEATRIZ GARCIA	2416 NW 27 AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33142	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SILVIA BROWN	2416 NW 27 AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33142	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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COUNTY OF DADE
MIAMI, 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.

(b) The 90th day after the record is filed.

GUSTIN

ADALGISA BROWN

Typed or printed name of signee

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U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA