

L15000170773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

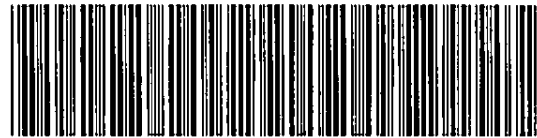
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 SEP 25 PM 4:43
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SEP 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLAWLESS CUTZ 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:

Bryan A Chavez
Name of Person

flawless cutz LLC
Firm/Company

108 Spreeding oak ct
Address

Sanford, FL 32773
City/State and Zip Code

BCPERUVIAN91@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan A. Chavez at (407) 430-8024
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Already Sent check.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLAWLESS CHAZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 SEP 25 PM 4:43

CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/7/15 and assigned
Florida document number L15000170773.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLAWLESS CHAZ LLC

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

BRYAN A CHAVEZ

New Registered Office Address:

108 SPREADING OAK CT

Enter Florida street address

SANFORD

City

FL 32773

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
MEMBER	FRANTZDY B. LIBEMRT	593 ONE CENTER BLVD. #304 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MEMBER	BRYAN A CHAVEZ	108 SPREADING OAK CT SANFORD, FL 32773	<input checked="" 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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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)

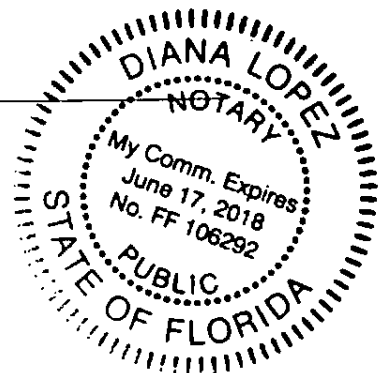
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated SEPT. 20 2017

Signature of a member or authorized representative of a member

Bryan A. Chavez.
Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2017

FLAWLESS CUTZ LLC
BRYAN A CHAVEZ
108 SPREADING OAK CT.
SANFORD, FL 32773

SUBJECT: FLAWLESS CUTZ LLC
Ref. Number: L15000170773

We have received your document for FLAWLESS CUTZ LLC and your check(s) totaling \$25.00. 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 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00018172

2017 SEP 25 PM 1:58
TALLAHASSEE, FLORIDA