L15000 182862

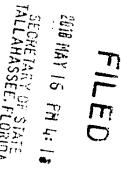
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2018

KEVIAN DOUGLAS 902 BANKS RD COCONUT CREEK, FL 33063 US

SUBJECT: KEVI VIRGIN HAIR LLC

Ref. Number: L15000182862

We have received your document for KEVI VIRGIN HAIR LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 918A00008823

RECEIVED

Florida Department of State Cover Letter.

Name Change KEVI VIRGIN HAIR LLC

902 Banks Rd Coconut Creek Fl 33036

Florida Department of State.

My name is Kevian Douglas, I am writing this letter as requested by the department to outline my daytime telephone number which is (786-564-4396) and my return address which is; 902 Banks Rd Coconut Creek Fl 33063.

Thank you.



COVER LETTER

TO: Registration Se Division of Cor	ction porations		
KEVI VIRO	GIN HAIR LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KEVIAN DOUGLAS		
	 	Name of Person	
		Firm/Company	
	902 BANKS RD	1 inneonpary	
		Address	· · · · · · · · · · · · · · · · · · ·
	COCONUT CREEK FL 33	3063	
	KEVIHAIRI@GMAIL.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	lication)
For further information co	oncerning this matter, please ca	all:	
KEVIAN DOUGLAS		786 564 4396 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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

KEVI VIRGIN HAIR LLC					
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number L15000182862	ability Company	were filed on		and assig	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			-
KEVI SPA & LASH BAR LLC		•			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation	a "LLC" or the abbro	eviation "L.L.(C."
Enter new principal offices address, if applica	ıble:			A	5
(Principal office address MUST BE A STREET		932 NE 20TH AVE		FÖ 🛢	,
(A. WIELDER OFFICE LINES OF THE COLUMN TO TH	<u> 71001(150)</u>	FORT LAUDERDALE	33304	Hr: R	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	932 NE 20TH AVE FORT LAUDERDALE	33304	SSEE FISHE	11-60
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here	≘: •		e name of	the new
Name of New Registered Agent:	KEVI SPA & L	ASHBARLLC / Keva	n Dougles		
New Registered Office Address:	932 NE 20TH A	AVE			
		Enter Florida street	address		
·	FORT LAUDE	RDALE	, Florida 3330	4	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete tered agent as p egistered office	performance of my duti provided for in Chapter	es, and I am fan 605, F.S. Or, if	niliar with a this docum	and ent is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARTIN KEELEY		□ Add
		26 Dogwood Rd, AVL, NC 288066	Remove
			☐ Change
MGR	KEVIAN DOUGLAS	932 NE 20th Ave, FLL 33304	Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Remove
			Change
	 		Add
			Remove
			☐ Change

Change to 932 NE 20th	ave Fort Lauderdale Fl 33304	
		
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		RATE OF THE PROPERTY OF THE PR
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ective date, if other tha	n the date of filing:	(optional)
effective date is listed, the d	te must be specific and cannot be prior to date of filing or n his block does not meet the applicable statutory filing	nore than 90 days after filing.) Pursuant to 605.
ument's effective date on	the Department of State's records.	
record specifies a de	layed effective date, but not an effective	time, at 12:01 a.m. on the earlie
he 90th day after th		
ed	· · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00