

L15 000 182 862

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2018 MAY 16 AM 11:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4/24/2018

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.

Sincerely,

Kevian Douglas.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEVI VIRGIN HAIR 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:

KEVIAN DOUGLAS

Name of Person

Firm/Company

902 BANKS RD

Address

COCONUT CREEK FL 33063

City/State and Zip Code

KEVIHAIR1@GMAIL.COM

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

For further information concerning this matter, please call:

KEVIAN DOUGLAS

786 564 4396

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**

KEVI VIRGIN HAIR 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 02/15/2016 and assigned
Florida document number L15000182862

This amendment is submitted to amend the following:

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

KEVI SPA & LASH BAR LLC

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)

932 NE 20TH AVE
FORT LAUDERDALE 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

932 NE 20TH AVE
FORT LAUDERDALE 33304

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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:

KEVI SPA & LASH BAR LLC / Kevian Douglas

New Registered Office Address:

932 NE 20TH AVE

Enter Florida street address

FORT LAUDERDALE

Florida 33304

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>
AMBR	MARTIN KEELEY		<input type="checkbox"/> Add
		26 Dogwood Rd, AVL, NC 288066	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIAN DOUGLAS	932 NE 20th Ave, FLL 33304	<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
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change mailing address from 2901 NW 48 ave Apt 469 Lauderdale Lakes FL 33313

Change to 932 NE 20th ave Fort Lauderdale Fl 33304

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

E. 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)

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.

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 _____, _____.



Signature of a member or authorized representative of a member

KEVIAN DOUGLAS

Typed or printed name of signee