## 11600 005 038

(Re	questor's Name)			
(Address)				
(Add	dress)			
(6)	1C+->- 77:1D1	. 40		
(City	y/State/Zip/Phone	<del>! #)</del>		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		i		

Office Use Only



700337423817

12/09/19--01010--020 \*\*25.00



"" TA JOSEA

## **COVER LETTER**



HR 157	Lash Fetish, LLC
(7DJEA	Name of Limited Liability Company
he encl	sed Articles of Amendment and fee(s) are submitted for filing.
	urn all correspondence concerning this matter to the following:
•	
	Nicole Snodgrass
	Name of Person
	Lash Fetish, LLC
	Firm/Company
	3140 West Kennedy Boulevard, Suite 115
	Address
	Tampa, FL 33609
	City/State and Zip Code
	nikkidsnodgrass@icloud.com  E-mail address: (to be used for future annual report notification)
For furth	r information concerning this matter, please call:
Nicole :	at ()
	Name of Person Area Code Daytime Telephone Numbe

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

## Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

Certificate of Status &

(additional copy is enclosed)

Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lash Fetish, LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our la la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 1.16000005038	Company were filed on 1/6/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
My Lash Fetish, LLC		
The new name must be distinguishable and contain the words "Lie	nited Liability Company," the designation	("LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADD	RESS)	20
		> 0 <b>0</b>
Enter new mailing address, if applicable:	N/A	. 0
Mailing address MAY BE A POST OFFICE BOX)		Λ <del>τ</del> 1
	<u>-</u>	. 99 7
		သိ
B. If amending the registered agent and/or register		enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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>	Address	Type of Action
			□Remove
			Change
		<u></u>	🗖 Add
			□Remove
			□Change
		_	
			□Remove
		<u></u>	□ Change
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 \_\_\_\_\_ December 5th 2019 a member or authorized representative of a member Nicole Snodgrass Typed or printed name of signee

Filing Fee: \$25.00