

L16 000054534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

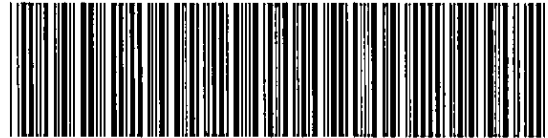
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200351592252

00/00/00-000000-000 0000.00

2020 SEP 14 10:07

OCT 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEJA VU PROFESSIONAL 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:

JEFF SYGUENE

Name of Person

DEJA VU PROFESSIONAL SALON LLC

Firm/Company

5272 N. UNIVERSITY DR.

Address

LAUDERHILL FL 33351

City/State and Zip Code

jeffslash52@hotmail.com

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

For further information concerning this matter, please call:

ORAL DURLOO at () 718-669-0991
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" 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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DEJA VU PROFESSIONAL SALON LLC

2020 SE -4 PM 4:07

(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 03/17/2016 and assigned
Florida document number L16000054534.

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)

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:

WILNEED ETIENNE

New Registered Office Address:

5272 N University Dr
Enter Florida street address

Lauderhill
City

Florida

33351
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.

Wilneed Etienne
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>
MBR	ORAL DURLOO	7020 SE 1st AVE PM 4:07 7021 ENVIRON BLVD APT. #120	<input type="checkbox"/> Add
		LAUDERHILL FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AGENT	MARCELLA LEE-DURLOO	7021 ENVIRON BLVD APT. #120	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JEFF SYGUENE	5272 N. UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		LAUDERHILL FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	WILNEED ETIENNE	5272 N. UNIVERSITY DR.	<input checked="" type="checkbox"/> Add
		LAUDERHILL FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AGENT	WILNEED ETIENNE	5272 N. UNIVERSITY DR.	<input checked="" type="checkbox"/> Add
		LAUDERHILL FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 SEP - 4 PM 4: 07

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee