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(Business Entity Name)

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16 AUG 29 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 29 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Privily Beauty Bar  
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:

Kim Hayes  
Name of Person

Privily Beauty Bar  
Firm/Company

10943 Country Way Blvd.  
Address

Tampa, FL 33635  
City/State and Zip Code

KimberlyPhayes71@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Hayes at (727) 243-0636  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2016

KIM HAYES  
10943 COUNTRY WAY BLVD  
TAMPA, FL 33635

SUBJECT: PRIVILY BEAUTY BAR LLC  
Ref. Number: L16000123789

2016 AUG 29 PM 1:22  
TALLAHASSEE, FLORIDA

We have received your document for PRIVILY BEAUTY BAR 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):

You can only list one person as the registered, not two. Please choose which person will be the registered agent and that person will need to sign.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 416A00016541

FILED  
16 AUG 29 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Privily Beauty Bar 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 6-28-16 and assigned Florida document number L16000123789

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)**

10943 Country Way Blvd  
Tampa, FL 33635

**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:

Kimberly Naves +i walsin

New Registered Office Address:

10943 Country Way Blvd

Enter Florida street address

Tampa

City

, Florida

33635

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. ~~On~~ 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.

Kimberly Naves Christi Walsin

If Changing Registered Agent, Signature of New Registered Agent

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HARRIS  
FLORIDA

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>
MGR	Kimberly Hayes	4860 Heron Pointe Dr.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33616	<input type="checkbox"/> Remove
	KH		<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cristi Walsh	455 Alt. 19 #136	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
1600  
1600  
20  
PM  
56  
Change

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

[illegible]

**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 Aug 1<sup>st</sup>, 2016.

Signature of a member or authorized representative of a member: Imberly P. Hays

Signature of a member (or) authorized representative of a member

Kimberly P. Hayes

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG 29 P 13:56

10