

L16000177073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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S Warren

NOV 04 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

MICKERDADE JABOIN
1407 ORANGE AVE
FORT PIERCE, FL 34950

SUBJECT: RED DIAMOND BEAUTY SUPPLY LLC
Ref. Number: L16000177073

We have received your document for RED DIAMOND BEAUTY SUPPLY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE 3 (ENCLOSED) PLEASE 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 716A00022349

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Red diamond Beauty supply L.L.C.
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:

Mickerdade Jaboin
Name of Person

Red diamond Beauty supply L.L.C.
Firm/Company

1407 Orange Ave
Address

Fort Pierce, FL 34950
City/State and Zip Code

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

For further information concerning this matter, please call:

Mickerdade Jaboin at (941) 623-6653
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 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Red diamond beauty supply 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 10/11/2018 and assigned
Florida document number L16000177073

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)

1407 ORANGE AVE
FORT PIERCE, FL 34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1249 SW PATRICIA AVE
PORT SAINT LUCIE, FL
34953

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:

ERICSON MICHEL

New Registered Office Address:

2625 ORANGE AVE FORT PIERCE, FL

Enter Florida street address

FORT PIERCE FL, Florida 34947

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>
MGR	MICKERDADÉ JABOIN	1249 SW Patricia Ave	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, FL	<input type="checkbox"/> Remove
		34953	<input type="checkbox"/> Change
MGR	ERICSON MICHEL	1249 SW Patricia Ave	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, FL	<input type="checkbox"/> Remove
		34953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE
TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated 10/31/2014, _____


Signature of a member or authorized representative of a member

ERICSON MICHE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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