

416000233756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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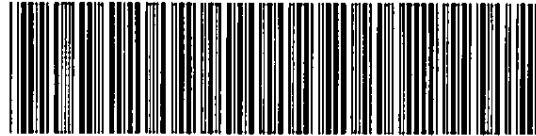
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. SCOTT
DEC 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GR Facial and waxing studio 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:

Gulenid Ramos
Name of Person

Firm/Company

559 Timber Trac ct
Address

Orange Park, FL 32073
City/State and Zip Code

info @ GR Facial Wax and Lash . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gulenid Ramos at (863) 242 9091
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

TALLAHASSEE, FLORIDA

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

GR Facial and Waxing Studio 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 12/29/16 and assigned Florida document number L16000233756

This amendment is submitted to amend the following:

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

GR Facial Wax and Lash 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)

6339-2 Argyle Forest Blvd.
Jacksonville FL 32244

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6339-2 Argyle Forest Blvd.
Jacksonville FL 32244

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:

Gulenid Ramos

New Registered Office Address:

559 Timber Trace Ct.

Enter Florida street address

Orange Park

City

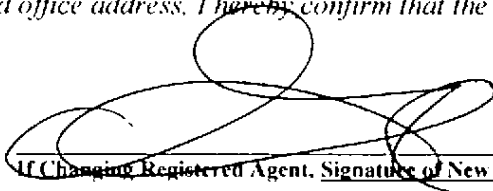
Florida

32073

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	Gilenid Ramos	559 Timber Trace Ct	<input type="checkbox"/> Add
		Orange Park FL 32073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alondra Vega	559 Timber Trace Ct	<input checked="" type="checkbox"/> Add
		Orange Park FL 32073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Victor O. Ramos	559 Timber Trace Ct	<input checked="" type="checkbox"/> Add
		Orange Park FL 32073	<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

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2013 DEC -6 P 5:56
TALLAHASSEE FLORIDA

FILED
JUN DEC - 6 P 5:56
TALLAHASSEE, FLORIDA

(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

Gilenid Ramos
Typed or printed name of signee