

L17000009072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

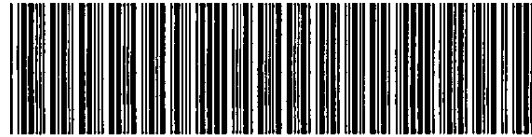
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/17--01010--021 **35.00

FILED
17 MAY -1 AM 9:57

O SIMMONS

MAY 02 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2017

DENISE HAUQUE
3320 W CYPRESS ST
TAMPA, FL 33607

SUBJECT: INFINITE BEAUTY INSTITUTE , LLC
Ref. Number: L17000009072

We have received your document for INFINITE BEAUTY INSTITUTE , LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 817A00007303

RECEIVED
2017 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITE BEAUTY INSTITUTE, 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:

DENISE HAUQUE

Name of Person

INFINITE BEAUTY INSTITUTE, LLC

Firm/Company

3321 W CYPRESS ST.

Address

TAMPA, FL, 33607

City/State and Zip Code

dhaugue@yahoo.com

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

For further information concerning this matter, please call:

Denise Hauque

Name of Person

at (813) 735. 7762

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

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

INFINITE BEAUTY INSTITUTE, 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 01.11.2017 and assigned
Florida document number LJ7000009072.

This amendment is submitted to amend the following:

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

N/A.

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)

3321 W CYPRESS ST.
TAMPA, FL, 33607.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A.

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:

DENISE HAUQUE

New Registered Office Address:

SAME Address.

Enter Florida street address

TAMPA

City

Florida

33607.

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.

Denise Hauque.

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	DENISE HAUQUE	3302 N LINCOLN AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL, 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

WE WANT THIS LLC BE 50% TO
DENISE HAQUE AND 50% TO
CECILIA RAMIREZ.

ALL RESPONSABILITIES BE DIVIDE
BY BOTH PERSONS.

17 MAY -1 AM 9:57

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 April 25, 2014:

Denise Haque
Signature of a member or authorized representative of a member

DENISE HAQUE
Typed or printed name of signee