## 11700024896

| (Re                            | questor's Name)   |             |
|--------------------------------|-------------------|-------------|
| (Add                           | dress)            |             |
| (Ad                            | dress)            |             |
| (Cit                           | y/State/Zip/Phone | e #)        |
| PICK-UP                        | ☐ WAIT            | MAIL        |
| (Bu                            | siness Entity Nan | ne)         |
| (Do                            | cument Number)    |             |
| Certified Copies               | _ Certificates    | s of Status |
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S. WARREN JUN 1 6 2017



May 17, 2017

EXANCIA CHARLES 5192 10TH AVE NORTH GREENACRES, FL 33463

SUBJECT: LX BEAUTY SALON LLC

Ref. Number: L17000024896

We have received your document for LX BEAUTY SALON 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):

The registered agent must sign accepting the designation.

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.

Letter Number: 317A00009945

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

| TO:      |                         | istration Sec<br>sion of Corp |  |   | *   |
|----------|-------------------------|-------------------------------|--|---|---|
| CUDIE    | LX BEAUTY SALON LLC     |                               |  |   |   |
| SUBJE    | CI;                     |                               | Name of Lim                                  | ited Liability Company  |   |
| The enc  | losed                   | Articles of A                 | amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please r | eturn                   | all correspon                 | dence concerning this matter                 | to the following:   |   |
|          |                         |                               |  | EXANCIA CHARLES   |   |
|          |                         |                               |  | Name of Person  | ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>   |
|          |                         |                               | L  | X BEAUTY SALON LLC  |   |
|          |                         |                               |  | Firm/Company  |   |
|          |                         |                               |  | 5192 10TH AVE NORTH   |   |
|          |                         |                               |  | Address   |   |
|          |                         |                               | C  | GREENACRES FL 33463   |   |
|          | City/State and Zip Code |                               |  |   |   |
|          |                         |                               |  | ISTOP@YAHOO.COM<br>to be used for future annual report notifi       | cation)   |
| For furt | her in                  | formation co                  | ncerning this matter, please co              | -   |   |
| LOUBE    | ENS I                   | LACROIX                       |  | 561 255-2821 at ()  |   |
|          |                         | Name of                       | Person                                       | Area Code Daytime   | Telephone Number  |
| Enclose  | d is a                  | check for the                 | e following amount:                          |   |   |
| \$25     | .00 Fi                  | iling Fee                     | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO:

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 ÓF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LX BEAUTY SALON LLC   |  |  |
|---|--|--|
| ited Liability Company as it now apper<br>(A Florida Limited Liability Company) | ers on our records.)   |  |
| Liability Company were filed on _   | 01/31/2017   | and assigned   |
| lowing:   |  |  |
| of the limited liability company h  | ere:   |  |
| words "Limited Liability Company," the  | designation "LLC" or th  | e abbreviation "L.L.C."  |
| cable:  |  | 17<br>AAC 7  |
| ET ADDRESS)   |  |  |
| <del></del>   |  | ILED<br>SSEE, FL   |
| E BOX)  |  | ORDA   |
|   | n our records, <u>en</u> t   | er the name of the   |
| 5192 10TH AVE NORTH   |  |  |
|   | orida street address   |  |
| GREENACRES  | Florida  | 33463  |
| City  | , rioriua  | Zip Code   |
|   | ited Liability Company as it now appear (A Florida Limited Liability Company)  Liability Company were filed on  lowing:  of the limited liability company has been been been been been been been bee | ited Liability Company as it now appears on our records.  (A Florida Limited Liability Company)  Liability Company were filed on |

## 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.

VIf 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

| <b>Title</b> | <u>Name</u>     | Address                                | Type of Action       |
|--------------|-----------------|--|----------------------|
| AMBR         | EXANCIA CHARLES | 5192 10TH AVE NORTH                    |                      |
|              |                 | GREENACRES FL33463                     | ☐ Remove             |
|              |                 |  | Change               |
|              |                 | **                                     |                      |
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|              |                 |  | FILED  SSEE, FLORIDA |

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| Note: If it document'                   | ne date inserted in this block does not meet the applicable status effective date on the Department of State's records. | tory filing requirements, this date will not be li | isted : |
| Dated                                   | 5/10/17   |  |         |
|   | Harre   |  |         |
|   | Signature of a member or authorized repr  | esentative of a member                             | }       |
|   |   | '7MIV - 3 C  | 1       |
|   | Typed or printed name of  | f signee SSE 5                                     | FILED   |

Filing Fee: \$25.00