

L17000031101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 MAY -9 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2017

MARY AMANDA HUSS
1412 SPRING LOOP WAY
WINTER GARDEN, FL 34787

SUBJECT: LAVISHIBROWS, LLC
Ref. Number: L17000031101

We have received your document for LAVISHIBROWS, 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 1 AND PAGE 3

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: 417A00007352

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LavishiBrows 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:

Mary Amanda Huss
Name of Person

LavishiBrows LLC
Firm/Company

1412 Spring Loop Way
Address

Winter Garden, FL 34787
City/State and Zip Code

amandaheard79@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Amanda Huss at (407) 617-2689
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

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

Kauishibrows 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 _____ and assigned Florida document number 82-0701079

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)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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. Only 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

FILED
MAY 9 AM 10:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY -9 AM 10:27

☐ Change ☐ Add ☐ Remove ☐ Change

FILED

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

1

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 4-28-2017

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Mary Amanda Huss
Typed or printed name of signer

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY -9 AM 10:27