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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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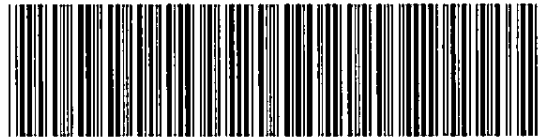
(Business Entity Name)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: COLOMBIAN ESTHETIC 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:

SANDRA M JARAMILLO

Name of Person

COLOMBIA ESTHETIC LLC

Firm/Company

21 W MONUMENT AVE

Address

KISSIMMEE, FL 34741

City/State and Zip Code

SANY7806@GMAIL.COM

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

For further information concerning this matter, please call:

SANDRA M JARAMILLO

at (407) 371-1643

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

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 DECEMBER 18 / 19

2024

Signature of a member or authorized representative of a member

Sandoz Lorenzo

Filing Fee: \$25.00