L17000091218

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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November 23, 2020

ELIZABETH LOURDES VELEZ 1432 FAIRWAY CIRCLE GREENACRES, FL 33413

SUBJECT: LIZ'S HAIR AND NAIL SALON LLC

Ref. Number: L17000091218

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE ATHORIZED PERSON DETAIL PAGE MUST BE COMPLETED AND ALL AMENDMENT PAGES MUST BE RESUBMITTED TOGETHER.

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) 245-6050.

Letter Number: 320A00023572

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Divi	ision of Cor	porations		
CHD IECT.	Liz's Hair a	nd Nail Salon LLC	•	·
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Elizabeth Lourdes Velez		
			Name of Person	
			Firm/Company	
		1432 Fairway circle		
			Address	
		Greenacres, Florida 33413		
		lizpro2002@yahoo.com	City/State and Zip Code	
		,	to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please c	all:	
Elizabeth Lo	urdes Velez		561 255-4352 at ()	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres gistration S		Street Address: Registration S	ection
		orporations	Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liz's Hair and Nail Salon LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records, a Limited Liability Company))
he Articles of Organization for this Limited Liability (Company were filed on 04/25/2017	and assigned
orida document number L17000091218	<u>_</u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
lair by Liz LLC		1
ne new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation;"L.L.C."
lair by Liz LLC the new name must be distinguishable and contain the words "Lin the new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		4: 54
. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	i.mer Fioriaa sireei aaaress	
	, Flor	
	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. 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>	Address	Type of Action
MGR	FLIZABETH VELEZ	1432 FARWAY CALLE GREENACRES, FL. 33413	X/Add
CHASGE	REGITERED AGENT		□Remove
to MANA	on President		Change
			□Add
			□Remove
			□ Change
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			□Remove
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fective	date, if other than the da	te of filing: _	not ha never to de	e of filing or more	(option	ial)
	he date inserted in this block	c does not meet	the applicable			
	s effective date on the Depa	irtment of State	's records.			
	3 checuve date on the Depa					
ocument						
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