

AUG/18/2017/FRI 02:56 PM
8/16/2017

FAX No.
Division of Corporations

P. 001

L17000220325
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HISPANUSA INC
Account Number : I20070000099
Phone : (954)478-2706
Fax Number : (954)934-0334

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2017 AUG 18 PM 5:05
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUXURY HAIR, NAILS AND SPA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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17 AUG 18 AM 11:00
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu Help

SIMMONS
AUG 21 2017

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FAX No.

P. 002

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUXURY HAIR, NAILS AND SPA 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:

ANGELICA MARTINEZ

Name of Person

MGR

Firm/Company

8197-4 N UNIVERSITY DR

Address

TAMARAC FL 33321

City/State and Zip Code

info@hispanusainc.com

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

For further information concerning this matter, please call:

ANGELICA MARTINEZ

954 687-4236
at ()

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
2651 Executive Center Circle
Tallahassee, FL 32301

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

LUXURY HAIR, NAILS AND SPA 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 05/01/2017 and assigned Florida document number L17000095809.

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.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:

ANGELICA MARTINEZ

New Registered Office Address:

2060 NW 37TH AVE

Enter Florida street address

COCONUT CREEK

City

Florida 33066

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

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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	LILIANA CHAPARRO	7378 W ATLANTIC BLVD 337	<input type="checkbox"/> Add
		MARGATE FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ESTHER PENA-NOBOA	2090 NW 34TH AVE	<input checked="" type="checkbox"/> Add
		COCONUT CREEK FL 33066	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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

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2.005

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

17 AUG 18 AM 11:00
DIVISION OF CRIME RECORDS

FILED

E. Effective date, if other than the date of filing: 08/18/2017 (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 635.0207 (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 AUGUST 18, 2017

Signature of a member or authorized representative of a neighborhood

ANGELICA MARTINEZ

Typed or printed name of signer