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## **COVER LETTER**

	Registration So Division of Co					
		DANIELLE LESHEA LLC	r	•		
SUBJEC	.1:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please rei	turn all corres <b>p</b> o	ondence concerning this matter	to the following:			
		DANIELLE L THORNTO	ON.			
			Name of Person			
		STYLIST DANIELLE LE	SHEA LLC			
		DANIELLE LESHEA LLC  Name of Limited Liability Company  Amendment and feets) are submitted for filing.  Indence concerning this matter to the following:  DANIELLE L THORNTON  Name of Person  STYLIST DANIELLE LESHEA LLC  Frim/Company  SN13 CTTRUS VILLAGE DRIVE # 204  Address  TAMPA, FL 33626  City/State and Zip Code  ROBERT(g/WELLENCPA.COM  E-mail address: (to be used for future annual report notification)  outcerning this matter, please call:  N  S13  728-9621  Area Code  Daytime Telephone Number  In S30,06 Filing Fee & S55,00 Filing Fee & Certificate of Status & Certificate				
	Name of Person  STYLIST DANIELLE LESHEA LLC  Firm/Company  8813 CITRUS VILLAGE DRIVE # 204  Address  TAMPA, FL 33626  City/State and Zip Code  ROBERT@WELLENCPA.COM  E-mail address: (to be used for future annual report notification)  ner information concerning this matter, please call:  LLE THORNTON  at (					
			Address			
		TAMPA, FL 33626				
			City/State and Zip Code	<del>, ' ' '</del>		
		-				
		E-mail address: (	to be used for future annual report noti	ification)		
For furthe	er information c	concerning this matter, please c	all:			
DANIELLE THORNTON						
Name of Person			Area Code Daytim	ne Telephone Number		
Enclosed	is a check for t	he following amount:				
	00 Filing Fec	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy		
	Mailing Addre					
Registration Section			<del>-</del>			
	Division of C P.O. Box 632		Division of Cor The Centre of T			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STYLIST DANIELLE LESHEA LI						
(Name of the Limite	ed Liability Compa (A Florida Limited l	iny as it now appears on Liability Company)	our records.)			
he Articles of Organization for this Limited Listorida document number L17000105553	ability Company	were filed on5/11/	2017 and assigned			
his amendment is submitted to amend the follo	owing:					
. If amending name, enter the new name of	the limited liab	oility company here:				
ne new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the design	ation "L.L.C." or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:		12823 N DALE MA	BRY HWY LOFT NO. 11			
Principal office address MUST BE A STREE	T ADDRESS)	TAMPA, FL 33618 US				
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX)</u>		8813 CITRUS VII.L TAMPA, FL 33626				
. If amending the registered agent and/or regent and/or the new registered office addres	.,	address on our recor	ds, enter the name of the new registe			
Name of New Registered Agent:	DANIELLE L					
New Registered Office Address:	12823 N DALI	E MABRY HWY LOFT	`NO. 11			
<del></del>		Enter Florida st	reet address			
	TAMPA		Florida 33618			
		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			
AMBR	DANIELLE L THORNTON	8813 CITRUS VILLAGE DRIVE # 204	□Add			
		TAMPA, FL 33626	□Remove			
			€Change			
OWNER	JADA BRADFORD	1539 WESTWOOD AVE	□Add			
		ATLANTA, GA 30310	≣Remove			
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an effective date ote: If the date	if other than the c is listed, the date must e inserted in this blo ctive date on the De	be specific and c ck does not me	annot be prior et the applica	to date of filing :		days after filing	g.) Pursuar		
record specifies Lis filed.	a delayed effective	date, but not a	n effective tii	me, at 12:01 a.	m, on the earli	er of: {b} T	he 90th d	lay after	the
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Typed or printed name of signee