

L17000109216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

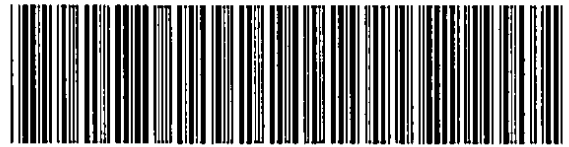
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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D. BRUCE

OCT 01 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2020

JENNIFER HOVEY  
5110 S. MANHATTAN AVE, APT. 5309  
TAMPA, FL 33611

SUBJECT: BEAUTY CLINIC INK LLC  
Ref. Number: L17000109216

We have received your document for BEAUTY CLINIC INK 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L19000299632.

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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 220A00017956

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SECRETARY OF STATE  
TALLAHASSEE, FL

## Bruce, Deborah

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**From:** Jennifer Hovey <j.hovey@hotmail.com>  
**Sent:** Thursday, October 1, 2020 10:45 AM  
**To:** Bruce, Deborah  
**Subject:** Amendment letter for BEAUTY CLINIC INK

EMAIL RECEIVED FROM EXTERNAL SOURCE

To whom it may concern,

I am writing to inform you that I, Jennifer Hovey, have no intentions of reinstating business Beauty Ink Studio LLC (ref # L19000299632).

I am giving permission for Beauty Clinic ink LLC (L17000109216) to change its name to Beauty Ink Studio LLC.

If you have any further questions please feel free to contact me at 12404229797 Thank you

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TO: Registration Section  
Division of Corporations

SUBJECT: Beauty Clinic Ink 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:

Jennifer Hovey  
Name of Person

Firm/Company

5110 S. Manhattan Ave Apt 5309  
Address

Tampa, FL 33611  
City/State and Zip Code

J.Hovey@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Hovey at ( 240 ) 422-9797  
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

Please file second

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TO  
ARTICLES OF ORGANIZATION  
OF

Beauty Clinic Ink 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 05/16/2017 and assigned Florida document number L17000109216.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Beauty Ink Studio LLC

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)

3646 Henderson Blvd  
Tampa FL ~~33606~~ 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3646 Henderson Blvd Tampa  
FL 33609

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

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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

or removed from our records:


MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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TALLAHASSEE F.

(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)

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 July 24<sup>th</sup>, 2020

Signature of a member or authorizer

Signature of a member or authorized representative of a member

Jennifer L Hovey

Typed or printed name of signee