

L17000122193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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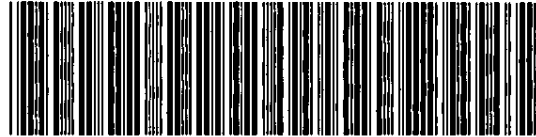
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

JUL 03 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGELA'S BEAUTIES 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:

ANGELA LONDY
Name of Person

ANGELA'S BEAUTIES LLC
Firm/Company

8321 MASTIC CAY
Address

WEST Palm Beach, FL 33411
City/State and Zip Code

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

For further information concerning this matter, please call:

CARL DUNKLIN at (561) 475 8053
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
2661 Executive Center Circle
Tallahassee, FL 32301

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

ANGELA'S BEAUTIES 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 JUNE 5 2017 and assigned Florida document number L17000122193

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.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:

CARL DUNKLIN

New Registered Office Address:

8321 MASTIC CAY

Enter Florida street address

WEST Palm Beach

City

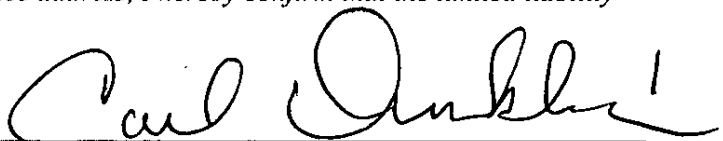
Florida

33411

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

Title	Name	Address	Type of Action
MGR	William Hauber	Remove	<input type="checkbox"/> Add
		Remove	<input checked="" type="checkbox"/> Remove
		Remove	<input type="checkbox"/> Change
MGR	ANGELA LONDY	ADD	<input checked="" type="checkbox"/> Add
	8321 MASTIC CAY		<input type="checkbox"/> Remove
	WEST PALM BEACH		<input type="checkbox"/> Change
	33411		
MGR	DIAMONN THOMAS	ADD	<input checked="" type="checkbox"/> Add
	270 NW 53 RD ST		<input type="checkbox"/> Remove
	MIAMI FL 33137		<input type="checkbox"/> Change
	CARL DUNKLIN SR	Register Agent	<input checked="" type="checkbox"/> Add
	8321 MASTIC CAY		<input type="checkbox"/> Remove
	WEST PALM BEACH	Register Agent	<input checked="" type="checkbox"/> Change
	33411		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUN 30 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN 30 AM 8:49
CLERK OF DISTRICT
ALLAHASSEE FLORIDA

17 JUN 30 AM 8:49
ALLAHASSEE, FLORIDA

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 6-28-2017

Carl Junkin

Signature of a member or authorized representative of a member

CARL DUNKLIN SR

Typed or printed name of signee