

L17000133198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

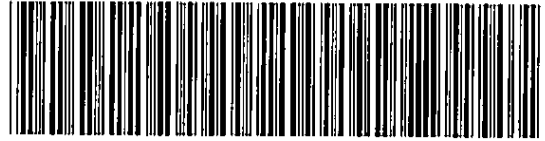
(Business Entity Name)

(Document Number)

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FILED
2019 JUL 19 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 25 2019
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRAND EN TRI BEAUTY FITNESS COUTURE 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:

SHAUNTAL JACKSON

Name of Person

GRAND EN TRI LLC

Firm/Company

11801 SW 222nd ST

Address

MIAMI 33170

City/State and Zip Code

shauntal122111@gmail.com

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

For further information concerning this matter, please call:

SHAUNTAL JACKSON

Name of Person

at

305 244 6879

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**

GRAND EN TRI BEAUTY Fitness Nuture 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 6-20-17 and assigned Florida document number 217000133198.

This amendment is submitted to amend the following:

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

GRAND EN TRI 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)

18530 PINES BOULEVARD STE 310
PEMBROKE PINES, FL 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18530 PINES BOULEVARD
STE 310
PEMBROKE PINES, FL 33029

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:

18530 PINES BOULEVARD STE 310
Enter Florida street address
PEMBROKE PINES, Florida 33029
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

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JUL 19 AM 10:35
HALL COUNTY
FLORIDA
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>	<u>Address</u>	<u>Type of Action</u>
VP	VANESSA HARVELL	11801 SW 22nd st	<input type="checkbox"/> Add
		MIA FL 33170	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chanel EVANS	11801 SW 22nd st	<input type="checkbox"/> Add
		MIA FL 33170	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 605.0207 (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 July 15, 2019

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

SHAWN TAL JACKSON

Typed or printed name of signee