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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

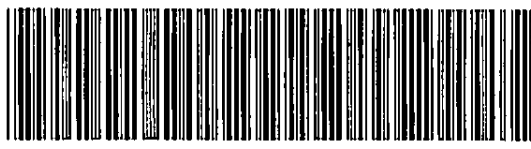
(Business Entity Name)

(Document Number)

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S. WARREN

AUG 21 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PATT BEAUTY BLUSH, 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:

YOLIMA PATRICIA ARDILA ARBOLEDA

Name of Person

PATT BEAUTY BLUSH, LLC

Firm/Company

11555 NW 83rd Way

Address

Parkland, FL 33076

City/State and Zip Code

patricia.ardila05@gmail.com

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

For further information concerning this matter, please call:

YOLIMA PATRICIA ARDILA ARBOLEDA

954 8211708
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
2661 Executive Center Circle
Tallahassee, FL 32301

PATT BEAUTY BLUSH, LLC

Page 1 of 3

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	PATRICIA ARDILA	11555 NW 83rd Way	<input type="checkbox"/> Add
		Parkland, FL, 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOLIMA PATRICIA ARDILA	11555 NW 83rd Way	<input checked="" type="checkbox"/> Add
		Parkland, FL, 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

YOLIMA PATRICIA ARDILA ARBOLEDA

Typed or printed name of signee

Filing Fee: \$25.00

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