L17000188078

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SECRETARY OF STATE

COVER LETTER

, Div	ision of Corp	porations		
SUBJECT:		auty Company, LLC		
00000011		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Ashley Larry		
			Name of Person	 :-
		AlmaBella Beauty Compa	ny LLC	
AlmaBella Beauty Company LLC Firm/Company 1735 West Cherry Street				
1735 West Cherry Street				
			Address	
		Tampa, FL 33607		
			City/State and Zip Code	
		Almabella99@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	all:	
Natalie Leonard 813 326-4081 at ()				
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	filing Fec	■ \$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

TO:

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

ImaBella Beauty Company, LLC	C	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L17000188078	mpany were filed on $\frac{9/5/17}{}$ and as	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
AlmaBella Beauty Company, LLC		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Illowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. icable: ET ADDRESS) ANDRESS ANDRESS ANDRESS ANDRESS ANDRESS ANDRESS ANDRESS ANDRESS ANDRESS EBOX) Company, "the designation "LLC" or the abbreviation "L.L. ANDRESS ANDRESS ENOR OF STATE	FILED
	RIE 5	
Name of New Registered Agent:		of the
Nau Pagistared Office Address		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address.	Enter Florida street address . Florida	

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			□ Change
			Add
			☐ Remove
			Add
			Remove
			Add
			☐ Remove
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fective date, if other than	the date of filing:		(on)	tional)		
an effective date is listed, the date	must be specific and cann	ot be prior to date of filing	g or more than 90 days aft	er filing.) Pursuar		
ote: If the date inserted in this ocument's effective date on the			filing requirements, tr	iis date wiii not	be listed	a as
e record specifies a dela The 90th day after the		but not an effect	ve time, at 12:01	a.m. on the	earlier	r of
ated <u>Son len 6</u>	Signature of a memb	0/7				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00