

L180000 47663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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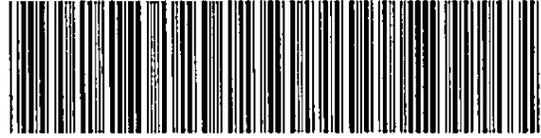
(Business Entity Name)

(Document Number)

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2019 MAR -4 AM 10:35  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

MAR 12 2019  
C McNAIR

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Liyah belle beauty, LLC  
Name of Limited Liability Company

2018 MAR -4 AM 10:33  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Simone Lindo  
Name of Person

Liyah belle beauty, LLC  
Firm/Company

3721 W hillsboro Blvd, apt D204  
Address

COCONUT CREEK, FLORIDA, 33073  
City/State and Zip Code

Lbbeautyinfo@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Simone Lindo at (754) 399 8805  
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**

2019 MAR -4 AM 10:33  
FILED AT TALLAHASSEE FLORIDA

Livah belle beauty, 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 02/22/18 and assigned Florida document number L18000047603.

This amendment is submitted to amend the following:

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

Livah belle beauty, L.L.C  
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: 3721 W hillsboro Blvd  
**(Principal office address MUST BE A STREET ADDRESS)** Apt D204, Cocoon Creek, FL  
33073

Enter new mailing address, if applicable: 3721 W. hillsboro Blvd  
**(Mailing address MAY BE A POST OFFICE BOX)** Apt D204, Cocoon Creek, FL  
33073

**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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

