

1180000074538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

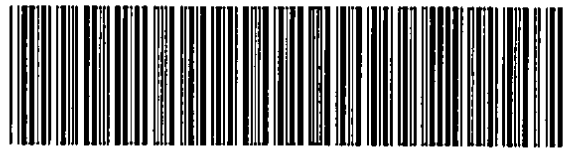
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/17/19--01010--002 **25.00

FILED

2019 MAY 17 PM 12:25

FILED

JUN 2019

T. LEONARD

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Henry C. Cohen
Direct Dial: 239.390-1903

hcohen@cohenlaw.com
Fax: 239-390-1901

May 9, 2019

Mr. Leonardo Zanolini
12931 SW 95th Avenue
Miami, FL, 33176

Re: Form To Amend Articles of Organization of a Florida Limited Liability Company

Dear Mr. Zanolini,

Enclosed please find the form and instructions to amend the Articles of Organization of a Florida Limited Liability Company. I have indicated where your signature is required. Once you have executed the form, per the included instructions, please send it and a check in the amount of \$25 to:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,
COHEN & GRIGSBY, P.C.



Amanda L. Thorp
Legal Assistant to Henry C. Cohen

HCC:alt

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWELVETWO LASH SERVICES, 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:

Henry C. Cohen

Name of Person

Cohen & Grigsby, P.C.

Firm/Company

9110 Strada Place, Mercato - Suite 6200

Address

Naples, FL 34108

City/State and Zip Code

hcohen@cohenlaw.com

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

For further information concerning this matter, please call:

Henry C. Cohen

239 390-1900
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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAY 17 P 12:25

This amendment is submitted to amend the following:

TWELVE TWO LASH SERVICES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address **MUST BE A STREET ADDRESS**)

(Mailing address MAY BE A POST OFFICE BOX)

Enter Florida street address

Florida

City

Zip Code

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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(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)

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

MAY 14TH 1929

Signature of a member or authorized representative of a member

LEONARDO PERAZZI ZANOLINI

Typed or printed name of signee