

L18000075363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 18 AM 9:25

N COOPER

JUN 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HER LABEL 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:

TEILA CORNELIUS

Name of Person

Firm/Company

1707 EVERGREEN PL SW

Address

WINTER HAVEN, FL 33880

City/State and Zip Code

herlabelhairextensions@gmail.com

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

For further information concerning this matter, please call:

Teila Cornelius

786

438-6601

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)
- TC

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**

HER LABEL 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 March 23, 2018 and assigned
Florida document number L18000075363.

This amendment is submitted to amend the following:

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

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)

15502 Stoneybrook W Pkwy
#104-551
Winter Garden, FL 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1707 Evergreen PLSW
Winter haven, FL 33880

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 18 AM 9:25

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

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

SECRETARY OF DEFENSE
DIVISION OF INFORMATION
18 JUN 18 AM 9:25

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 June, 14 . 2018

Signature of a member or authorized representative of a member

Teila Cornelius
Typed or printed name of signee

United States Postal Service®

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

June 13, 2018

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent.

(Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

Teila Cornelius, Her Label LLC

3a. Address to be Used for Delivery (Include PMB or # sign.)

15502 Stoneybrook W Pkwy, #104-551

3b. City

Winter Garden

3c. State 3d. ZIP + 4th

FL 34787

4. Applicant authorizes delivery to and in care of:

a. Name

Stoneybrook Mail Center

b. Address (No., street, apt./ste. no.)

15502 Stoneybrook W Pkwy, #104, #551

c. City

Winter Garden

d. State

FL

e. ZIP + 4

34787

6. Name of Applicant

Teila Cornelius

8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

a.

X Driver License

b.

X Certificate of Title

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization, current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

7a. Applicant Home Address (No., street, apt./ste. no.)

1707 Evergreen PL SW

7b. City

Winter Haven

7c. State 7d. ZIP + 4

FL 33880

7e. Applicant Telephone Number (Include area code)

+1 786 438 6601

9. Name of Firm or Corporation

Her Label LLC

10a. Business Address (No., street, apt./ste. no.)

10b. City

10c. State 10d. ZIP + 4

10e. Business Telephone Number (Include area code)

11. Type of Business

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

13. If a CORPORATION, Give Names and Addresses of Its Officers

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public

Notary Public, State of Florida
Commission # FF 187931
My Comm. Expires Jan 31, 2019
Bonded through National Notary Assn

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

X

This form on Internet at www.usps.com®

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