# L18000094926

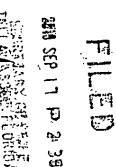
	Requestor's Name)
(	Address)
	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(	Document Number)
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORRO	RATION:	. Chand Destara	tions
	-		(10/(-)
DOCUMENT NUMI	BER:	4926	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	Erica Andrews		
		Name of Contact Perso	חת
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	2353 Yellan Jasm	ine In	
		Address	
	2353 Yellan Sasm Floming Island FL	32003	
	,	City/ State and Zip Cod	e
	E-mail address: (to be u	Mai   i om sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Erica Andru	ws	at (	)
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mail</u>	ing Address	Street	<u>Address</u>

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2019

ERICA ANDREWS 2353 YELLOW JASMINE LN FLEMING ISLAND, FL 32003

SUBJECT: CLASSICALLY SALVAGED RESTORATIONS, LLC

Ref. Number: L18000094926

We have received your document for CLASSICALLY SALVAGED RESTORATIONS, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 519A00018032

2019 SEP 17 AND CO

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Classically Salvanid Restora	otiani /LC	FILED
Classically Salvayed Restora (Name of the Limited Liability C (A Florida Lin	Company as it now app mited Liability Compan	pears on our records.)
		EST SCL
The Articles of Organization for this Limited Liability Com	•	TALL ATTASSEE, FEGRIDA
Florida document number		(NDECOM
This amendment is submitted to amend the following:		i
A. If amending name, enter the new name of the limited	d liability company	y here:
Cabinet Cosmetics 10 440		
he new name must be distinguishable and contain the words "Limited	Liability Company," th	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registeregistered agent and/or the new registered office address</li> </ol>		on our records, enter the name of the n
egistered agent and/or the new registered office address	<u>з цете</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter l	Florida street address
		Florido
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature if changing Registered A	gent:	

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

Title	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
		·	□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove

D. II amenus	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F. F. Cr	
(If an effective <u>Note:</u> If the	date, if other than the date of filing:
the record b) The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: n day after the record is filed.
Dated	9-11/19 Signature of a member or authorized representative of a member
	Più la
_	Signature of a member or authorized representative of a member
	Erica Andrews
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00