

L18000114525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

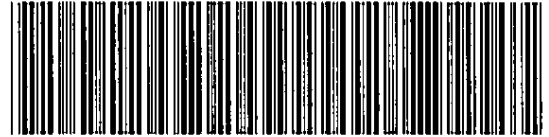
(Business Entity Name)

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B FIGUEROA

MAY 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & A BEAUTY BAR 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:

ALEXIS D WOODS

Name of Person

M & A BEAUTY BAR LLC

Firm/Company

3824 HEATH CIRCLE NORTH

Address

WEST PALM BEACH FLORIDA 33404

City/State and Zip Code

MHUNTER1596@GMAIL.COM

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

For further information concerning this matter, please call:

MARIAH HUNTER

561 774-4998
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

M & A BEAUTY BAR LLC

Page 1 of 3

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> |
|--------------|----------------|--------------------------|--|
| MGR | MICHAEL HUNTER | 1228 LUCAYA DRIVE | <input checked="" type="checkbox"/> Add |
| | | RIVIERA BEACH FL 33404 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ALEXIS D WOODS | 3031 WINDSOR AVE | <input type="checkbox"/> Add |
| | | WEST PALM BEACH FL 33407 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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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.

Dated MAY 14 2018

Alexis Lopez
Signature of a member or authorized representative of a member

Typed or printed name of signee