L18000119026

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
THOREOF WAIT
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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CPA Tax Advisors, Inc.

Individual and Business Tax and Advisory Services (855) 740-1040 www.cpataxadvisors.net

Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, Florida 32314

Taxpayer:

Lisa's Groom Room

Ref. Number:

Florida Document Number L18000119026

L18000119026

Notice Date:

January 24, 2023

March 17, 2023

Alecia Rivers,

I received a message on 3/14 that the name that the client chose to amend her articles to was not available. I have tried to call you every day since then and no answer and your mail box has been full, so I have not been able to leave a message.

Current company name: Lisa's Groom Room LLC

Submitted Articles to Change the company name to: The Beauty Bar LLC (Was available when submitting the application, now told that the name is unavailable)

New company name selection: LMS The Beauty Bar or LMS Beauty Bar LLC

Please contact my office if you have any questions.

Sincerely,

Leonard Totons MBA, CPA

Leo Titone MBA, CPA CPA Tax Advisors



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2023

LEONARD TITONE 12995 S. CLEVELAND AVE. STE. 160 FORT MYERS, FL 33907

SUBJECT: LISA'S GROOM ROOM LLC

Ref. Number: L18000119026

We have received your document for LISA'S GROOM ROOM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2021 annual report. The entity must be creinstated before this document can be filed.

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.

Letter Number: 123A00001654

Alecia Rivers Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lisa's Groom Room LLC			
	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	20
Articles of Organization for this Limited Liability Company were filed on 5/1/2018		and assigned	
da document number	·		: n
amendment is submitted to amend the fol	llowing:		
f amending name, enter the new name w company name selection: LMS Tew name must be distinguishable and contain the	The Beauty Bar	or LMS Beauty Bar LLC	or the shbreviation "T. I. C."
		5841 Tahiti Dr	7 ale 2001011211 2:2:0:
iter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS)		Bokeelia, FL 33922	
ter new mailing address, if applicable: Sailing address MAY BE A POST OFFICE BOX)		5841 Tahiti Dr	
		Bokeelia, FL	
		· · · · · · · · · · · · · · · · · · ·	
f amending the registered agent and/or at and/or the new registered office addr	registered office ess here:	address on our records, <u>enter t</u>	he name of the new reg
f amending the registered agent and/or t and/or the new registered office addr Name of New Registered Agent:	registered office ress here: NA	address on our records, <u>enter t</u>	he name of the new reg
t and/or the new registered office addr	ress here:		he name of the new res
Name of New Registered Agent:	NA	Enter Florida street address	he name of the new reg

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.

NA			
f Changing Registered	Agent Signature	of New Registere	d 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>	Name	Address	Type of Action
MGR	Lisa Soffe	5841 Tahiti Dr	□Add
		Bokeclia, FL 33922	□Remove
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