

18000131161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

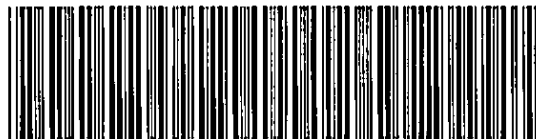
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000314565930

6-1-18 10:10:10 AM #42511

FILED  
18 JUN 21 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIMMONS  
JUN 22 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AshYra Beauty BoutiQue  
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:

AshYra Fertil  
Name of Person  
AshYra Beauty BoutiQue  
Firm/Company  
20401 NW 2<sup>nd</sup> Ave Suite 217  
Address  
Miami FL 33169  
City/State and Zip Code  
fertilashYra@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AshYra Fertil at (305) 527-5228  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

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

18 JUN 21 PM 10:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/23/18 and assigned  
Florida document number L18000131161.

This amendment is submitted to amend the following:

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

Ashyra Beauty Boutique LLC  
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)

Ashyra Fertil  
20401 NW 2<sup>nd</sup> Ave Suite 217  
Miami, FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Ashyra Fertil  
21431 San Dimeon Way #101  
Miami, FL 33179

**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

**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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<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
		_____	<input type="checkbox"/> Change

FILED  
JUN 21 10 30 AM  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

18 JUN 21 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
JUN 21 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18

**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 June 19<sup>th</sup> 2018

Donald L. ...

Signature of a member or authorized representative of a member

Ashyra Devel  
Typed or printed name

Typed or printed name of signee