## 118000184027

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## **COVER LETTER**

то:		istration Sec sion of Corp				
		ELEMENT	AESTHETICS AND LASH C	O LLC		
SUBJ	ECT:		Name of Limi	ited Liability Company	· · · · · ·	
The er	nclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return	all correspo	ndence concerning this matter	to the following:		
			Macaelah Boucher			
				Name of Person	· <del>-</del>	<del></del>
			Element Lash Co. LLC			
				Firm/Company		
723 7th Ave N, Lower						
				Address		<del></del>
St Petersburg, FL 33701  City/State and Zip Code						
					<del></del>	
			macaelah@gmail.com			
			E-mail address: ()	to be used for future annual re	eport notification)	
For fu	rther in	formation co	oncerning this matter, please ca	all:		
Maca	elah Bo	oucher		727 742 at ()	-3119	
		Name of	l Person	Area Code	Daytime Telephone Nu	umber
Enclos	sed is a	check for th	e following amount:			
<b>□</b> \$2	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Cert	00 Filing Fee. tificate of Status & tified Copy titional copy is enclosed)

MAILING ADDRESS:

TO:

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

FILED

ELEMENT AESTHETICS AND LASH CO LLC

2019 JAN 10 PM 5: 26

(Name of the Limited Liability Company as it now appears on our records). Let (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/01/2018}{2}$ Florida document number L18000184027 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Element Lash Co. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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>	Address	Type of Action
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
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			Remove
			Change
			Change
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			☐ Change

. If amending any other informat			
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	the specific and cannot be prior to seek does not meet the applicab	odate of filing or more than 9	) days after filing.) Pursuant to 605.02
the record specifies a delayed ) The 90th day after the reco	effective date, but not ord is filed.	an effective time, at	12:01 a.m. on the earlier
Dated December 28	2018	_·	
<u>-9113</u>	oucher)	ized representative of a mem	ber
Macaelah Boucher	organitie of a memoer of author	жа гергезонануе от а шеш	
	Typed or printed	name of signee	

Page 3 of 3

Filing Fee: \$25.00