## L19000038109

	Requestor's Name)	
. (	Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
· <u> </u>	(Business Entity Name)	<u> </u>
ı	(Document Number)	
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R. WHITE FEB 2 6 2020 .:1 · · · 3 | F1 3: 04

## **COVER LETTER**

.

Registration Section Division of Corporations

TO:

LV HAII SUBJECT:	R STYLIST LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for himg.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARLOS APONTE		
		Name of Person	
	APONTE PAEZ ACC	COUNTANTS LL	
	<del></del>	Firm/Company	
	1395 BRICKELL AV	YENUE SUITE 900	
		Address	<del></del>
	MIAMI, FL 33131		
		City/State and Zip Code	
	CARLOS@APONTEI	PAEZACCOUNTANTS.COM	
	E-mail address; (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
CARLOS APONTE		305 794-6182	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 17	Street Address: Registration Section of Coron The Centre of Tallaharson, FL	porations 'allahassee e Street, Suite 810

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

LV HAIR STYLIST LLC	2020 J 11 31 P1 3: 04	
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on FEB 7, 2019	and assigned
Florida document number 1.19000038709		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		.,=,.
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the i	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
rem registered virinee radicas.	Enter Florida street address	
	, Florida	•
	City , Florida	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>	Address	Type of Action
MGR	DIEGO PUENTES	1080 Brickell Ave Apt 2202 Miami, FL 33131	<b>≡</b> Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□ Change
			(_)Add
			□Remove
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			🗆 Remove
			□Change
			□Remove
			⊟Change

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(if an ef <u>Note:</u>	ive date, if other than the date of filing:
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
15	JANUARY 28 j 2020
Dated	
	Signature of a member or authorized representative of a member
	LAURA V LIMA

Typed or printed name of signee