

L190000 69844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

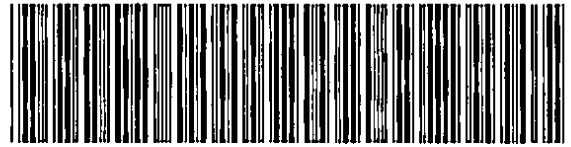
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 20 PM 3:29
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Amend

APR 02 2020

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

FAVORED BEAUTY COSMETICS LLC.

SUBJECT: _____
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:

VIRGINIA WILLIAMS

Name of Person

FAVORED BEAUTY COSMETICS LLC.

Firm/Company

1428 E MOWRY DR. APT 105

Address

HOMESTEAD, FL 33033

City/State and Zip Code

favoredbeachcosmetics@gmail.com

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

For further information concerning this matter, please call:

VIRGINIA WILLIAMS

845

2193821

Name of Person at (_____) _____
Area Code Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

MAR 24 1964

03117120

2020

Dated

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

VIRGINIA WILLIAMS

Typed or printed name of signee