

L19000113830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

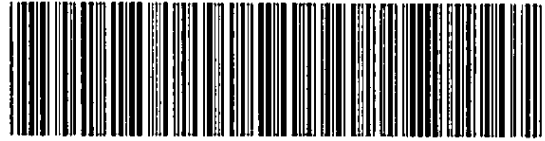
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100329406851

09/23/19--01000--037 \*\*25.00

2019 MAY 23 PM 4: 27

2019 MAY 23 PM 4: 27

APPROVED  
AND  
FILED

APPROVED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MARI LOU'S HARI DESIGN**  
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:

MARIA L Botelho  
Name of Person

MARI LOU'S HARI DESIGN  
Firm/Company

1173 Fairfield Lane  
Address

Sebastian FL 32958  
City/State and Zip Code

MARILVRDES777@Hotmail.com  
E-mail address: (to be used for future annual report notification)

2019 MAY 23 PM 4: 27  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
APPROVED  
AND  
FILED

For further information concerning this matter, please call:

Maria L Botelho at (401) 497-1206  
Name of Person 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**TU**  
**ARTICLES OF ORGANIZATION**  
**OF**

\_\_\_\_\_  
 (Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 26, 2019 and assigned Florida document number L 19000113830 LLC

This amendment is submitted to amend the following:

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

MARI LOU Hair Design 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)

1173 Fairfield Lane  
Sebastian,  
FL 32958

Enter new mailing address, if applicable:


(Mailing address MAY BE A POST OFFICE BOX)

Same

2019 MAY 23 PM 4:27  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 APPROVED AND FILED

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

SECRETARY OF STATE

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAY 23 PM 4:27

AND FILED

APPROVED

To whom it may concern,  
I Maria L Botelho  
would like to correct the spelling  
on my company's LLC Name  
to "Mari Lou Hair Design"

it was missed spelled as, Mari Lou's Hari  
Design.

also: the address  
1173 Fairfield Lane  
Sebastian Florida 32958

2019 MAY 23 PM 4:27  
SECRETARY OF STATE  
ALLIANCE

APPROVED  
AND  
FILED

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

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.

Dated May 20, 2019.

Maria L Botelho

Signature of a member or authorized representative of a member

MARIA L BOTELHO

Typed or printed name of signee