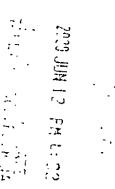
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ilv



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From: Leslie Ramirez

Sent: Monday, June 8, 2020 3:55 PM

To: Anibal Santiago

Subject: Re: 2019 Business Tax Return

Leslie's Natures wax and spa

New name

Women's 365



On Jun 5, 2020, at 1:46 PM, Anibal Santiago <anibal@protaxpreparation.com> wrote:

<Outlook-s0bgixgv.jpg>

213 Ruby Ave Suite E Kissimmee, FL 34741

Main: (407) 933-4211

<2019 Tax Return Documents (LESLIES NATURE WAX SPA).pdf>

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Leslie's Natures wax and spa LLC 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:
Leslie Ramirez Name of Person
Leslie's Natures wax and spa
707 Paris Dr. Address Kissimmee FL 34759 City/State and Zip Code
Kissimmee FL 34759 City/State and Zip Code leslie 221982 @ Dutlook. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leslie Ramirez at (407) 371-1211 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leslie's Natures (Name of the Limited Liability Com	wax and spa LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 19000 113909</u> .	4/. /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	•
	(mm. , . 4
Enter new mailing address, if applicable:	:
(Mailing address MAY BE A POST OFFICE BOX)	
(Maining address MAT BE A POST OFFICE BOA)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the voisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany 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
			□Add
			Change
		 	□Add
			Remove
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an effective ote: If the	te, if other than the date of filing: (optional late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after a date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	filing.) Pursuant to 605.02
record spec	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
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