119000127518

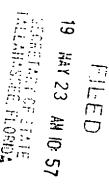
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON) CALLOT IN MORE NY
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



800329409028

05/23/19--01007--029 **25.00



O SIMMONS

JUN 0 8 2019

COVER LETTER

то:	Registration Sec Division of Corp		;	
			; ;	
SUBJE		LAB L.L.C.		<u>.</u> .
		Name of Limit	ed Liability Company	
The enc	losed Articles of /	Amendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspon	ndence concerning this matter t	o the following:	
		JUAN C GIRALDO		
			Name of Person	
		JESS HAIR LAB L.L.C.		
			Firm/Company	
		111 GARDENS DRIVE A	PT 104	
			Address	
		POMPANO BEACH, FL 3	3069	
			City/State and Zip Code	
		CAMILOARMY@GMAIL		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	II:	
JUAN	C GIRALDO		407 780-0481	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILCC	7 7	4	ID		4 ()	1 1	
JESS	1.1	'ኒ	11.	L,	/\D	LL	ル

Name of the Lin	nited Liabilit	y Company as it now	appears on our records.
	(A Florida	Limited Liability Cor	nnany)

	oility Company	were filed on 05	5/10/2019	and assigned
Florida document number L19000127318	·			鐵蓋里
amendment is submitted to amend the following: If amending name. enter the new name of the limited liability company here: SHAIR LAB LLC ew name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) SUITE 27 MARGATE, FL 33073 HI GARDENS DRIVE APT 104 POMPANO BEACH, FL 33069 If amending the registered agent and/or registered office address on our records, enter the name of the numbered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: DAMA C GIRALDO HI GARDENS DRIVE APT 104 Enter Florida street address POMPANO BEACH Florida 33069				
A. If amending name, enter the new name of t	he limited liab	ility company h	ere:	
JESS HAIR LAB LLC				5.5
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	5400 W SAMF	LE ROAD	
•		SUITE 27		
		MARGATE, F	L 33073	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)			S DRIVE	
Training water cost 14711 1021 11 1001 1011 1010 1010	<u> </u>	POMPANO B	EACH, FL 33069	
registered agent and/or the new registered offi	ce address her	<u>e</u> :	n our records.	enter the name of the new
No. 10. Tax of Office Address	ILL GARDENS DRIVE APT 104			
New Registered Office Address:				
	POMPANO BI	EACH	Flor	ida 33069
		City	, 1101	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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	JESSICA L. BROWN	111 GARDENS DRIVE APT 104 POMPANO BEACH, FL 33069	Add
			Remove
			Change
MGR	JUAN C GIRALDO		Add
			Remove .
			D Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change

			·		
	 .				
		···	·		
		-			
				_	
	<u> </u>			-	
					19
		<u>, </u>		2:3 2:3 3:7	事
					-\$- F
		<u>-</u>		:: in c	
				型 で3で	<u>-ü</u>
		<u></u>		25	: 57
	<u> </u>				
		<u> </u>			
	05/10/5	2010			
ective date, if other than to effective date is listed, the date	05/10/2 he date of filing:		(option	nal)	605 A
n effective date is listed, the date in te: If the date inserted in this	nust be specific and cannot be block does not meet the ap	prior to date of filing opplicable statutory f	ir more than 90 days after filling requirements, this	date will no	ant to 605.0. It be listed
cument's effective date on the	Department of State's reco	ords.			
and marking a data	and affective data, but	not an offoctiv	a timo lat 12:01 a	m on th	e earlier
record specifies a dela- The 90th day after the r		t not an enectiv	e time, at 12.01 a.	m. on an	e carner
ted	. 2019				
7),	on Comilo Grald Signature of a member or	n			

Page 3 of 3

Filing Fee: \$25.00