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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

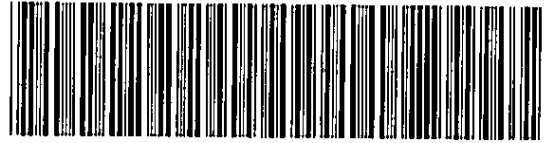
(Business Entity Name)

(Document Number)

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SEP 17 2019

2019 SEP -9 11:10:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empress Loes & Braids 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:

Alexandria Jeffrey
Name of Person

Empress Loes & Braids LLC.
Firm/Company

6996 Piazza Grande Ave suite #23
Address

Orlando, FL 32835
City/State and Zip Code

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

For further information concerning this matter, please call:

Alexandria Jeffrey at (772) 418-6426
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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(A Florida Limited Liability Company)

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Alexandria Jeffery	4627 N. Pine Hills rd	<input checked="" type="checkbox"/> Add
		Orlando, FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jeffrey Hayes	738 Avenida Santa #105	<input checked="" type="checkbox"/> Add
		Mormont, FL 34714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 August 20, 2019.

Signature of a member or authorized representative

Alexander Jaffrey

Typed or printed name of signee