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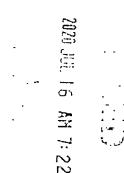
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: LANIS	5 Style 52(01) Name of Lim	and barbership ited Liability Company	11C -
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Alandre	SINAL Name of Person	
		Firm/Company	
	3111 45 <sup>th</sup>	Street, suite à	
		City/State and Zip Code	
	Lanistylebarb Email address:	ershop 10, gmail.co	fication)
For further information co	ncerning this matter, please ca	all:	
Alandre Si	WH L Person	at ( <u>561</u> ) <u>503</u> Area Code Daytim	1436 e Telephone Number
Enclosed is a check for the	e following amount:		
如\$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 S Division of Co P.O. Box 6327	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lanis style salon and	barbership LLC	<del> </del>
(A Florida Limited (A Florida Limited)	any as it now appears on our records.) Liability Company)	191
e Articles of Organization for this Limited Liability Company	were filed on <u>06/27/2019.</u>	and assigned
rida document number <u>L/900C/68994</u> .		5
s amendment is submitted to amend the following:		
_		7:22
If amending name, enter the new name of the limited liab	oility company here:	22
new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)	•=	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)	-	
If amending the registered agent and/or registered office	address on our records, enter the nam	e of the new regist
ent and/or the new registered office address here:		
Name of New Registered Agent:	, i.d. nt-18194 m - 1	
Name of New Registered Agent:  New Registered Office Address:	Enter Elevido de del Janos	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
		Zip Code

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
AMBR	Alandre SINAL	744 NW cabot street	
		Port saint Lucie, FL 34983	□Remove
			□Change
			🗆 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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effective date is listed, the e: If the date inserted in					
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cord specifies a delayed s filed.	effective date, but no	ot an effective time	, at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
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cd <u>06/10/</u> 20		_ Sin/	<u> </u>		
ed <u>06/10/</u> 20	Signature of a	()	ed representative of a		