

L19000169473

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002142623)))



H190002142623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6353

From:

Account Name : COURT ACCESS CENTERS OF AMERICA
Account Number : 075350060541
Phone : (813) 575-1333
Fax Number : (813) 209-1050

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ashliebellflower31@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BELLISSIMO LASH LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 16 2019

A. LUNT

DocuSign Envelope ID: EBD6625B-F835-42BF-821A-4C65EC4C5064

Audit # H19000214262

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BELLISSIMO LASH LLC

(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 07/11/2019 and assigned
Florida document number 119000169473.

This amendment is submitted to amend the following:

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

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)

6353 Jack Wright Island Rd

Saint Augustine, FL 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6353 Jack Wright Island Rd

Saint Augustine, FL 32092

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:

Ashlie Bellflower

New Registered Office Address:

6353 Jack Wright Island Rd.

Enter Florida street address

Saint Augustine

Florida 32092

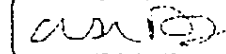
City

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.

DocuSigned by:



If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: EBB0625D-F835-42BF-821A-4C65EC4C5064

Audit # H19000214262

Attaching 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>
AMBR	Ashlie Bellflower	6353 Jack Wright Island Rd Saint Augustine, FL 32092	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

Audit # H19000214262

12. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

19 JUL 18 PM 4:15
0000000000

19 JUL 16 PM 4:15

(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.

(b) The 90th day after the record is filed.

Dated 7/15/2019

DocuSigned by:
[Signature]

Signature of a member or authorized representative of a member

Ashlie Beiltover

Typed or printed name of signer