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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

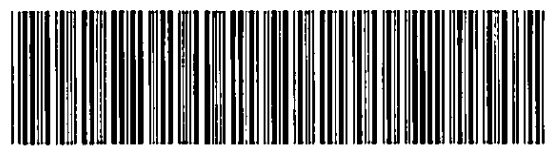
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 OCT 28 PM 12:58  
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TALLAHASSEE, FLORIDA

Y SULKER  
NOV 22 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

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SUBJECT: GO BEAUTY HAIR SALON, 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:

KATRINA BLAISE

\_\_\_\_\_  
Name of Person

GO BEAUTY HAIR SALON, LLC

\_\_\_\_\_  
Firm/Company

400 N. PINE HILLS -RD SUITE C

\_\_\_\_\_  
Address

ORLANDO, FLORIDA 32811

\_\_\_\_\_  
City/State and Zip Code

LUCNY4008@ICLOUD.COM / KATRINAABLAISEE15@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATRINA BLAISE

321 318-6857

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 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

GO BEAUTY HAIR SALON, LLC

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>
CEO	KATRINA BLAISE	400 N. PINE HILLS -RD SUITE - C	<input checked="" type="checkbox"/> Add
		ORLANDO , FLORIDA 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CECILY BRUNNER	400 N. PINE HILLS - RD SUITE - C	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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: 10/01/2019 (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 10/10 , 2019

Katrina Blaise  
Signature of a member or authorized representative of a member

KATRINA BLAISE

\_\_\_\_\_  
Typed or printed name of signee