

L19000 241470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2020 MAR 20 PM 5:08
SEC. OF STATE
HALL COUNTY, GEORGIA

Amend

MAR 20 2020
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL FOR ONE BEAUTY BOUTIQUE 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:

Daniel Goetz

Name of Person

New Business Filing LLC

Firm/Company

PO Box 750843

Address

Dayton, OH 45475

City/State and Zip Code

cs@newbusinessfiling.org

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

For further information concerning this matter, please call:

Daniel Goetz at (888) 701-6450
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2020

DANIEL GOETZ
NEW BUSINESS FILING LLC
P.O. BOX 750843
DAYTON, OH 45475

SUBJECT: ALL FOR ONE BEAUTY BOUTIQUE LLC
Ref. Number: L19000241470

We have received your document for ALL FOR ONE BEAUTY BOUTIQUE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the addresses of the manager/members listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 520A00003358

RECEIVED
2020 MAR 20 PM 1:25

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

ALL FOR ONE BEAUTY BOUTIQUE 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 11/25/2019 and assigned
Florida document number 119000241470

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 ~~com~~ records "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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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.


If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	HARRIS, JOSALYN J	1187 WELCH HILL CIRCLE	<input type="checkbox"/> Add
		APOPKA, FL 32712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HARRIS, JOSALYN T	1187 WELCH HILL CIRCLE	<input checked="" type="checkbox"/> Add
		APOPKA, FL 32712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MATTHEW, SHAKARIA M	1187 WELCH HILL CIRCLE	<input type="checkbox"/> Add
		APOPKA, FL 32712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MATTHEW, SHAKARIA J	1187 WELCH HILL CIRCLE	<input checked="" type="checkbox"/> Add
		APOPKA, FL 32712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



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.

Dated March 12, 2020

Typed or printed name of signee

Filing Fee: \$25.00