## 119000264886

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## **COVER LETTER**

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SUBJEC <sup>*</sup>	Bomb Lash		<i>s</i>	
300312	·	Name of Lim	ited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ondence concerning this matter	to the following:	
		Athena Reavis		
			Name of Person	
			Firm/Company	
		429 58th Ave NE		
			Address	<del> </del>
		Saint Petersburg, Florida 3	3703	
		Athena@Microbladestpete.		
For furthe	r information c	E-mail address: ( oncerning this matter, please or	to be used for future annual report notif	leation)
Athena Re			727 238-5988 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	0 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 tadditional copy is enclosed
	<u>Mailing Addres</u> Registration S		Street Address:	vion.
	registration of C		Registration Sec	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bomb Lash Boss 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 October 22, 2019 and assigned Florida document number 1.19000264886 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Microblade St. Pete LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_

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
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			□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to d	late of filing or more	(option than 90 days after fil	ling.) Pui	rsuant to 605.02
e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	e statutory filing re	equirements, this c	late will	not be listed
cord specifies a delayed effective date, but not an effective time.	. at 12:01 a.m. on (	he earlier of: (b)	The 90	th day after th
s filed.				
ed April 15th 2020				
<u> </u>				
1/11/11/11 11 M N M MILA				
Signature of a member or authorize				