

L19 000 268 952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

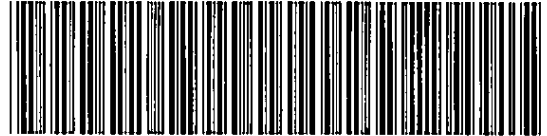
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JUL 15 2020

2020 JUL 15 11:11 AM

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SEP 11 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLESS FADE BARBER SHOP 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:

JOSE GABRIEL BERMUDEZ RODRIGUEZ

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

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

2109 FIESTA CT

\_\_\_\_\_  
Address

ORLANDO, FL 32811

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

BLESSFADE@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE GABRIEL BERMUDEZ RODRIGUEZ

407

590-0563

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 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

2020 AUG 26 PM 2:10

August 26, 2020

JOSE GABRIEL BERMUDEZ RODRIGUEZ  
2109 FIESTA CT  
ORLANDO, FL 32811

SUBJECT: BLESS FADE BARBER SHOP LLC"  
Ref. Number: L19000268952

We have received your document for BLESS FADE BARBER SHOP 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 420A00016334

James G. Berry  
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>	<u>Address</u>	<u>Type of Action</u>
CEO	Jose G. Bermudez	2109 FIESTA CT	<input type="checkbox"/> Add
		ORLANDO, FL. 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose Gabriel Bermudez Rodriguez	2109 FIESTA CT	<input checked="" type="checkbox"/> Add
		ORLANDO, FL. 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charmay m. Cruz	2109 FIESTA CT	<input type="checkbox"/> Add
		ORLANDO, FL. 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)

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.

Dr. G. Benitez Rangel  
Signature of a member or authorized representative of a member

Typed or printed name of signee