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(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
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Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			
NITTA'S E	BEAUTY		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANITA GARCIA		
	· · ·	Name of Person	
		Firm/Company	
	1231 SW 75TH AVE		
	NORTH LAUDERDALE	Address FL 33068	
	ARTERS DEALERY CONT	City/State and Zip Code	
	NITTAS_BEAUTY@OUT E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
ANITA GARCIA		954 600-6029 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 9	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	-
Tallahassee.			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NITTA'S BEAUTY LLC			
(Name of the Limite	d Liability Company as it n A Florida Limited Liability C	ow appears on our recor Company)	<u>ds.</u>)
he Articles of Organization for this Limited Lic	ability Company were fil	led on 12/27/2019	and assigned
lorida document number L20000005439	·		
nis amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liability con	npany here:	
HTTA'S COLLECTIONS LLC			
he new name must be distinguishable and contain the we	ords "Limited Liability Comp	oany." the designation "LL0	C" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:		2020 NOV
Principal office address MUST BE A STREET	<u> [ADDRESS]</u>		2 11
			-2
			₹ 111
nter new mailing address, if applicable:			A D
Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)		200
		· -	
. If amending the registered agent and/or re	gistered office address	on our records, enter	r the name of the new regist
ent and/or the new registered office addres	s here:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Since Practices.		Enter Florida street addre	P.SS
		r	lorida
	Cip		Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
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Effective date, if other than the	date of filing:	(optional)	
f an effective date is listed, the date mu Note: If the date inserted in this b	date of filing:	r more than 90 days after filing.) Pursuant to (505.020° isted as
document's effective date on the D		and reduce the same and the sam	isica u.
record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:01 a.n	n, on the earlier of: (b) The 90th day a	fter the
	2020		
	11.		
Dated JULY 23	Signature of a member or authorized representati	ive of a member	

Filing Fee: \$25.00