

L20 0000025417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

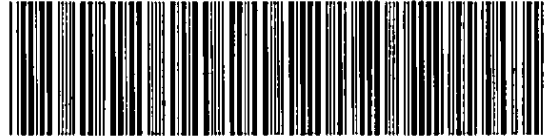
(Business Entity Name)

(Document Number)

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

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FILED  
2020 JUN 15 AM 7:17  
JUL 09 2020  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Anell's Beauty Bar, 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:

Anell Harper

Name of Person

Anell's Beauty Bar, LLC

Firm/Company

4465 Cedar Road

Address

Orange Park FL 32065

City/State and Zip Code

anellsbeautybar@gmail.com

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

For further information concerning this matter, please call:

Anell Harper

Name of Person

at (813)

Area Code

380-1986

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

Anell's Beauty Bar, LLC

(A Florida Limited Liability Company)

Florida document number L20000002541

**A. If amending name, enter the new name of the limited liability company here:**

**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**

Civ

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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>LOVER</u>	<u>Anell Harper</u>	<u>4465 Cedar Road</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park FL 32065</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MER</u>	<u>Anell Harper</u>	<u>4465 Cedar Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park FL 32065</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBER</u>	<u>Anell Harper</u>	<u>4465 Cedar Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park FL 32065</u>	<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
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			<input type="checkbox"/> Change

[illegible]

(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)

Dated June 10, 2020

\_\_\_\_\_ , 2020 .  
  
 Signature of undersigned as authorized person

Anell Harper

Typed or printed name of signee