

L200000 39571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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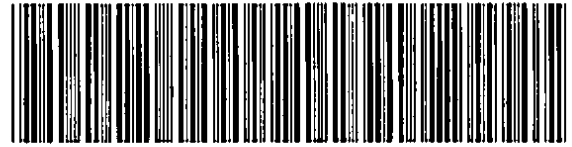
(Business Entity Name)

(Document Number)

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2020 MAR 20 PM 1:27

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIORENTINI BEAUTY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMANTHA M FIORENTINI

Name of Person

FIORENTINI BEAUTY LLC

Firm Company

Rowan

4801 ROWAN RD SUITE 101

Address

NEW PORT RICHEY, FLORIDA 34653

City/State and Zip Code

fiorentinibeauty@gmail.com

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

For further information concerning this matter, please call:

SAMANTHA M FIORENTINI

904

600-8620

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

FLORENTINI BEAUTY LLC

If Changing Registered Agent, Signature of New Registered Agent

[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)

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.

Samantha M. Fiorentini
Signature of a member or authorized representative of a member

Typed or printed name of signer