

h20 0000 65159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

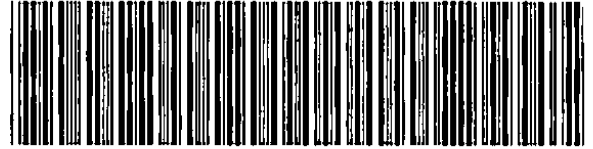
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/17/20

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**TO: Registration Section
Division of Corporations**

SUBJECT: IN BEAUTY SALON HAIR AND MAKEUP 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:

CRISTIAN HERNAN MONTANA

Name of Person

IN BEAUTY SALON HAIR AND MAKEUP LLC

Firm/Company

4711 N DIXIE HWY SUITE B

Address

OAKLAND PARK, FL 33334

City/State and Zip Code

INBEAUTYSALON2020@GMAIL.COM

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

For further information concerning this matter, please call:

CRISTIAN H. MONTANA

Name of Person

954

at ()

Area Code

909-5460

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

**TO
ARTICLES OF ORGANIZATION
OF**

IN BEAUTY SALON HAIR AND MAKEUP 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 February 27, 2020 and assigned
Florida document number L20000065159.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

CRISTIAN H. MONTANA

1581 NE 34th Ct. # 111

Oakland Park, FL 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4711 N Dixie Hwy Suite B

Oakland Park, FL 33334

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

Cristian H. Montana

New Registered Office Address:

1581 NE 34th Ct. # 111

Enter Florida street address

Oakland Park

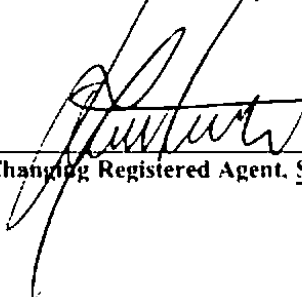
City

Florida 33334

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	Mauro Schiller	1581 NE 34th Ct. #111	<input type="checkbox"/> Add
		Oakland Park, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mauro Schiller	1581 NE 34th Ct. #111	<input type="checkbox"/> Add
		Oakland Park, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Change

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(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.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 record is filed.

Dated November 10th, 2020

Signature of a member or authorized representative of a member

CRISTIAN H. MONTANA

AND

MAURO/SCHILLER

Typed or printed name of signee

State of Florida

Department of State

I certify from the records of this office that IN BEAUTY SALON HAIR AND MAKEUP, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on February 27, 2020, effective February 28, 2020.

The document number of this company is L20000065159.

I further certify that said company has paid all fees due this office through December 31, 2020, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 200303101933-900341379699#1

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Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of March, 2020



Laurel M. Lee
Laurel M. Lee
Secretary of State

Date of this notice: 03-03-

Employer Identification Number
84-4957251

Form: SS-4

Number of this notice: CP 5'

IN BEAUTY SALON HAIR AND MAKEUP LLC
CRISTIAN H MONTANA SR SOLE MBR
1581 NE 34TH CT APTO 111
OAKLAND PARK, FL 33334

For assistance you may call
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned EIN 84-4957251. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is INBE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.