

L200000 86827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

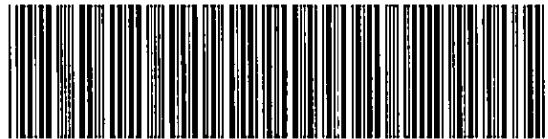
(Business Entity Name)

(Document Number)

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2020 MAR 30 AM 10:01

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APR 14 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DR. DELSY'S SALON 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:

Felipe M. Martinez

Name of Person

DR. DELSY'S SALON LLC

Firm/Company

13813 Felix Will Rd

Address

Riverview, FL 33579

City/State and Zip Code

amydelsy@hotmail.com

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

For further information concerning this matter, please call:

Felipe M. Martinez

706 575-3915
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

DR. DELSY'S SALON LLC

~~Changing Registered Agent, Signature of New Registered Agent~~

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The only two changes that we need is switching the registered agent for the authorized person.

and the title of the authorized person needs to be changed to AMBR. Everything else is correct.

If you have any questions or concerns please don't hesitate to contact me at any time (706) 575-3915.

star1670@hotmail.com or amydelsy@hotmail.com.

Thank you!!!

2020 MAR 30 AM 10:01

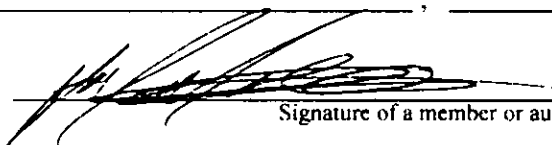
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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 the record is filed.

Dated 03/26, 2020



Signature of a member or authorized representative of a member



Felipe M. Martinez

and

Delsy M. Martinez

Typed or printed name of signee