

L20000098375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

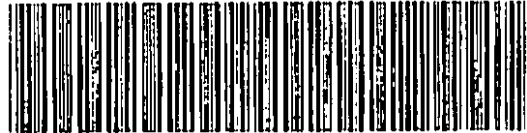
(Business Entity Name)

(Document Number)

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MAY 03 2021

Rebecca  
White  
6/10/21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Exquisite Accentz 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:

Arianna Hicks

Name of Person

ASH & Associates LLC

Firm/Company

100 South Ashley dr Suite 600

Address

Tampa, FL 33602

City/State and Zip Code

Ariannahicks@protonmail.com

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

For further information concerning this matter, please call:

Arianna Hicks

302 345-0681  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Exquisite Accentz 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 04/07/2020 and assigned  
Florida document number 220000098375.

This amendment is submitted to amend the following:

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

ASH & Associates LLC

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)**

Arianna Hicks

198 Bonnybrook rd

Middletown, DE 19709

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

100 South Ashley dr

Suite 600

Tampa, FL 33602

**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:

Arianna Hicks

New Registered Office Address:

100 South Ashley dr suite 600

*Enter Florida street address*

Tampa

*City*

Florida 33602

*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**

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Arianna Hicks	198 Bonnybrook rd	<input checked="" type="checkbox"/> Add
		Middletown, DE 19709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Natasha Fluellen	Natasha Fluellen	<input type="checkbox"/> Add
		1130 S 69st	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33619	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 04/29/2021

am d  
Signature of a member or authorized representative of a member

**Arianna Hicks**

Typed or printed name of signee