

L20 000134611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

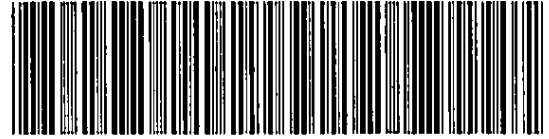
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE DEPT OF STATE
TALLAHASSEE, FL

2020 SEP 14 AM 10:16

FILED

SEP 15 2020

Ref #
L20000134611

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arch & Lash 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:

Gina Rizzocascio
Name of Person

Arch & Lash Bar LLC
Firm/Company

8314 Rearing Ln
Address

Lake Worth, FL 33467
City/State and Zip Code

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

For further information concerning this matter, please call:

Joey Voccola (Husband) at (561) 715-0341
Name of Person Area Code Daytime Telephone Number

Gina Rizzocascio - 754-224-6326

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

↳ check was
already sent
& cashed by
you

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Arch & Lash Bar 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 5/20/20 and assigned Florida document number 85-1080430.

This amendment is submitted to amend the following:

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

Arch Lash Bar 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)

8314 Rearing Ln
Lake Worth, FL 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8314 Rearing Ln
Lake Worth, FL 33467

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:

Gina Rizzocascio

New Registered Office Address:

8314 Rearing Ln

Enter Florida street address

Lake Worth, Florida 33467

City

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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COUNTY CLERK
STATE OF FLORIDA

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>
MGR Owner	Gina Rizzocascio	8314 Rearing Ln	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2028 SEP 24 AM 10:16
OFFICE OF THE CLERK OF STATE
TALLAHASSEE, FL

