

L20 000134611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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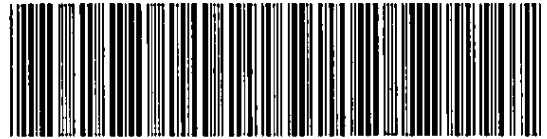
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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SEP 15 2020

COVER LETTER

Ref #
L20000134611

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:

Jocy 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 "LLC."

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

City

Florida

33467

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

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COUNTY CLERK

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	Gina Rizzocascio	8314 Rearing Ln	<input checked="" type="checkbox"/> Add
Owner		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF STATE
TALLAHASSEE FL

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

N/A

N/A

2020 SEP 14 AM 10:16
RECORDS & COMM. DIV.
FLORIDA DEPT. OF STATE
TALLAHASSEE, FL

FILED

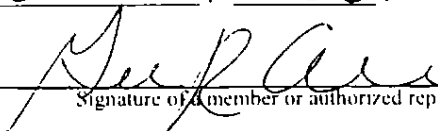
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 20, 2020.



Signature of a member or authorized representative of a member

Gina Rizzocascio

Typed or printed name of signee