

L20 000176552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

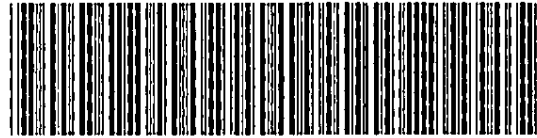
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400352856144

10/05/20--01027--030 \*\*60.00

FILED  
2020 OCT -5 PM 5:25  
CLERK OF STATE  
TALLAHASSEE, FL

10/12/20

FROM: NICKALINE CELESTIN

20401 NW 2 AVENUE STE #228

MIAMI GARDENS, FL 33169.

08/17/2020

Sir Madame,

My name is Nckaline I am the owner of LAVISH QUEENS LLC, I am sending this letter regarding my business amendment I have attach my fee of 60 dollars for filing fee, certified of status and certified copy please mail to my new agent on file

Sophia Alexis

PO BOX 120982

FORT LAUDERDALE FL 33312 .

Should you have any questions call me at 305-397-7993.

Sincerely,

NICKALINE CELESTIN.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAVISH QUEENS 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:

Sophia Alexis

\_\_\_\_\_  
Name of Person

Alexis Aid LLC.

\_\_\_\_\_  
Firm/Company

3425 Davie BLVD

\_\_\_\_\_  
Address

Fort Lauderdale, Florida 33312

\_\_\_\_\_  
City/State and Zip Code

Alexisaidinc@yahoo.com

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

For further information concerning this matter, please call:

Sophia Alexis

754 3012859  
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

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

LAVISH QUEENS 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 06/24/2020 and assigned  
Florida document number L20000176552.

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:**

20401 NW 2 AVE STE 228

**(Principal office address MUST BE A STREET ADDRESS)**

Miami Gardens, Florida

**Enter new mailing address, if applicable:**

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

3425 Davie Boulevard  
Fort Lauderdale  
FL, 33312

**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:

Sophia Alexis

New Registered Office Address:

3425 Davie Boulevard

*Enter Florida street address*

Fort Lauderdale

*City*

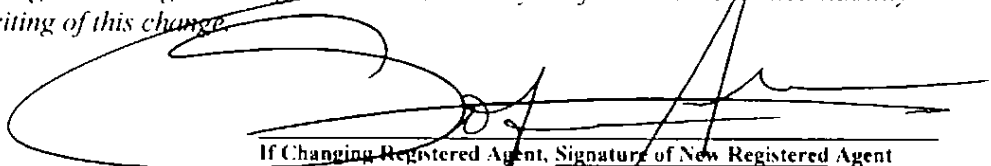
Florida

33312

*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	Sophia Alexis	3425 Navie Boulevard	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33312	<input type="checkbox"/> Remove
		305 741 8456	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 OCT - 11 PM 4:25  
STATE OF FLORIDA  
SECRETARY OF STATE

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

Amending ARTICLE III From 'ALL LAWFUL BUSINESS PURPOSES' to "Raw Hair Bundles with Classy Prodi

FILED  
2020 OCT -5 PM 5:25  
CLERK OF STATE  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing:** 07/30/2020 **(optional)**

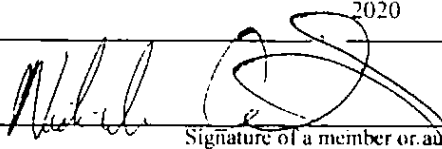
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 08/17

2020

  
Signature of a member or authorized representative of a member

NICK-Aline Celestin  
Typed or printed name of signee