

L2C 000192484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

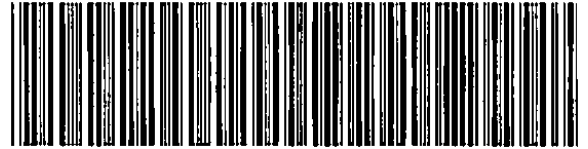
(Business Entity Name)

(Document Number)

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DEC 18 2020
S. YOUNG

2020 NOV 16 PM 2:59

TO: Registration Section
Division of Corporations

SUBJECT: Serenity Barbershop and Salon
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:

Luis Ixcayao Mejicanos
Name of Person

Firm/Company

18404 ORiole rd
Address

Fort Myers FL 33967
City/State and Zip Code

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

For further information concerning this matter, please call:

Dania Wright at (239) 440-3090
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

10
**ARTICLES OF ORGANIZATION
OF**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 NOV 6 PM 2:59

The Articles of Organization for this Limited Liability Company were filed on July 2, 2020 and assigned

Florida document number L20000192484.

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:

(Principal office address MUST BE A STREET ADDRESS)

18404 Oriole rd
Fort Myers FL 33967

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18404 Oriole rd
Fort Myers FL 33967

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:

Luis Ixcayau Mejicanos

New Registered Office Address:

18404 Oriole rd

Enter Florida street address

Fort Myers, Florida 33967

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.

L. Ixcayau

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of /</u>
<u>MGR</u>	<u>Dania Wright</u>	<u>4831 Rockpond Meadows</u>	☐ Add
		<u>Dr, Jacksonville Fl</u>	☒ Remo
		<u>32221</u>	☐ Chang
<u>MGR</u>	<u>Luis Ixcayan</u>	<u>18404 Oriole rd</u>	☒ Add
	<u>Mejicanos</u>	<u>Fort Myers Fl 33967</u>	☐ Remov
			☐ Chang
			☐ Add
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			☐ Chang
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			☐ Chang

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(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 605.0:

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 _____, _____

~~D. H.~~

Signature of a member or authorized representative of a member

Dacia Wright

Typed or printed name of signee