L20000 214956

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Carlot Carlos
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COVER LETTER

	gistration S vision of Co			
SHR IECT.	House of	Curls LLC Name Change		
SUBJECT:		Name of Lir	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		Brianna R Beaubrun		
			Name of Person	
		House of Curls LLC		
			Firm/Company	
		1255 sw 101 ter apt 202	2	
			Address	
Pembroke pines, Florida			33025	
			City/State and Zip Code	
		briannaramonabeaubrun	- -	
		E-mail address: (to be used for future annual report not	tification)
For further in	nformation c	oncerning this matter, please e	all:	
Brianna R.	Beaubrun		786 901-1122	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		<u>Street Address:</u> Registration Se	ection
		orporations	Division of Co	
P.O	. Box 632	7	The Centre of	Tallahassee
Tali	ahassee, F	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303



July 30, 2021

BRIANNA R. BEAUBRUN 1255 SW 101 TER APT. 202 PEMBROKE PINES, FL 33025

SUBJECT: HOUSE OF CURLS LLC

Ref. Number: L20000214956

We have received your document for HOUSE OF CURLS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Presently it is unclear as to what changes you wish to make. KENNIA BEAUBRUN is listed as registered agent in the space required and the title isRA on record as an authorized person not AMGR, which is not a required title for limited liability companies. You must be specific in your intentions when filing the amendment. I'm assuming you want to remove KENNIA BEAUBRUN from being an authorized person with the title RA as shown on the enclosed print out.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 221A00017957

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

House of Curis LLC		
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L20000214956	were filed on 07/31/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
ACE Luxury Lounge L.L.C.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		C) with
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 PH P. 2
E. If amonding the registered point and the state of the		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	idaress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr.	ess
		`lorida
	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.

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>	Address	Type of Action
RA	Kennia Beaubrun	1255 sw 101 ter	
		bldg. 10 apt 202	
		Pembroke pines, FL 33025	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

This business is in the pr	rocess of becoming a store front and salon.
New address will be upd	lated when location is brought.
-	
-	
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Factive date if other than th	ee date of filing:(optional)
an effective date is listed, the date mu	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 block does not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effecti is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 25 ited ,	2021
-0 h	<u></u>
() ()	Signature of a member or authorized representative of a member

Typed or printed name of signee