L20000241023

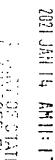
(Requestor's Name)	
(Address)	
(A Idean)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	2)
(Business Entity Name	=)
(Document Number)	
Certified Copies Certificates of	of Status
<u></u>	
Special Instructions to Filing Officer:	
	102
	N04

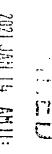
Office Use Only



800350363288

01/14/21--01004--001 **25.00







October 26, 2020

LASH AND BROW PROFESSIONAL BEAUTY SUPPLY LLC 4720 E POINSETTIA AVE TAMPA, FL 33617

SUBJECT: LASH AND BROW PROFESSIONAL BEAUTY SUPPLY LLC

Ref. Number: L20000241023

We have received your document for LASH AND BROW PROFESSIONAL BEAUTY SUPPLY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Letter Number: 320A00021303

Yasemin Y Sulker Regulatory Specialist III

COVER LETTER

יוע	eision of Corpora	itions			
SUBJECT:	LASH		BRDW Name of Limited Lia	PROFESSIONA, Z.	BEAUTY SUPPLY

The enclosed Articles of Amendment and fee(s) are submitted for filing.

TO:

Registration Section

Please return all correspondence concerning this matter to the following:

Heydi Fuentes	_
Name of Person	
LASHAND BROW PROFESSIONAL I	3EAVTY
Firm/Company	SUPPY
4720 E POINSETTIA AVE	- LLC
Address	
Tampa fr \$ 33617	_
City/State and Zip Code	_
Heydi Fuertes1947 @ 5 mail	, e o m
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Heidi Fuentes	at (513) 458 - 6077	
Name of Person	Area Code Daytime Telephone Number	

Enclosed is a check for the following amount:

\$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

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

(Name of the Limited Liability Company)

(A Florida Limited Liability Company)

SUPPLY

1	Wilds Sillines Else	y Gwarpany)		illa
The Articles of Organization for this Limited Liabi		re filed on <u>08–10</u> –	- <u>2020</u> and as	ssigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability	company here:		
The new name must be distinguishable and contain the words	s "Limited Liability C	Tompany," the designation "LLC"	" or the abbreviation "I	IC."
Enter new principal offices address, if applicable	e: _	<u>r 17</u>		
(Principal office address MUST BE A STREET A	(DDRESS) _	V/V.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x)</u> _	NA		
	_		2021	· -
B. If amending the registered agent and/or regis		ress on our records, <u>enter</u>	the name of the no	w registered
	V 13-		ENSEMENT OF THE PROPERTY OF TH	(TI
Name of New Registered Agent:	14			
New Registered Office Address:	$-\frac{\sqrt{3}}{2}$	Enter Florida street address	FAR 1	
	NIG		orida	
-		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 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 = M	anager uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Heydi Frentes	4770 E. Poinsettiquel Tompa (2 33617	130der
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			□Change
<u></u>			□Add
			□Remove
			□Change
			🗆 🖊 🗆 🗀 Add
			□ Remove

_____ □Change

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
e reco	rd 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 iled.
Dated	9-9-7020
	of the first
	Signature of a member or authorized representative of a member Typed or printed name of signee