420000249873

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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R. HUNT 04/27/2)

COVER LETTER

TO: Registration Section Division of Corporations

TRIPLE A DOMINICAN HAIR & SPATITEZ LLC

	DOMINICAN HAIR & SIA I.	OTZ IAK	
ж. — — — — — — — — — — — — — — — — — — —		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Esmelyn George		
		Name of Person	
	Lucrative Groupe LLC		
		Firm/Company	
	3207 Acacia st		
		Address	
	Lutz, FL 33558		
	Lucrative.groupelle@gmail	City/State and Zip Code .com	
	E-mail address: (to be used for future annual report notif	lication)
For further information o	concerning this matter, please co	all:	
Esmelyn George		813 468-6804	
		at ()	
Nume (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

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

TRIPLE A DOMINICAN HAIR & SPA LUTZ LLC

(A)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 1.20000249873	• •	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Domirie Dominican Hair Studio LLC	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	2
	(7) C (1) T (1) C	РН 3:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.		ာ ထိ
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>enter the name</u> ere:	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
Here the state of	Enter Florida street address	
_	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent;	

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>	Type of Action
AMBR	ERICA LINT	3207 ACACIA ST, LUTZ, FL 33558	√Add
			□Remove
			□Change
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block icument's effective date on the Depa	specific and cannot be positive and the specific and meet the ap	plicable statutory filing	(optional re than 90 days after filin requirements, this dat	g.) Pursuant to 605.020
ecord specifies a delayed effective d is filed.	ate, but not an effectiv	ve time, at 12:01 a.m. (n the earlier of: (b) T	he 90th day after the
16TH Of April ted	2023			
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