

L20000265386

7/28/2021

Division of Corporations

**Florida Department of State
Division of Corporations
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Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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DOG IT IS LLC**

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July 28, 2021

FLORIDA DEPARTMENT OF STATE
Division of CorporationsDOG IT IS LLC
4350 NW 30TH ST
137
COCONUT CREEK, FL 33066USSUBJECT: DOG IT IS LLC
REF: L20000265386

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Valerie Herring
Regulatory Specialist IIIFAX Aud. #: H21000283907
Letter Number: 621A00017550

COVER LETTER**H210002839073****TO: Registration Section
Division of Corporations****SUBJECT: DOG IT IS 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:

JULIANA MACHADO

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

JULIANA@GFSTAXACCT.COM

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

For further information concerning this matter, please call:

JULIANA MACHADO

754

301-2128

Name of Person

at ()

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**

H210002839073

DOG IT IS 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 08/26/2020 and assigned
Florida document number L20000265386.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HELOISA LANFIM ESTHETIC CLINIC LLC

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:

6140 NW 58TH WAY

(Principal office address MUST BE A STREET ADDRESS)

PARKLAND, FL 33067

Enter new mailing address, if applicable:

6140 NW 58TH WAY

(Mailing address MAY BE A POST OFFICE BOX)

PARKLAND, FL 33067

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:New Registered Office Address:Enter Florida street addressFloridaCityZip 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

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 TALLAHASSEE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

4210002839073

MGR = Manager

AMBR = Authorized Member

[illegible]

H210002839073

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

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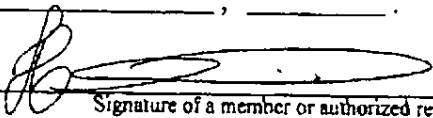
E. Effective date, if other than the date of filing: _____ (optional)

(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 JULY 19TH, 2021

X 
Signature of a member or authorized representative of a member

HELOISA DE OLIVEIRA DA SILVA

Typed or printed name of signee

Filing Fee: \$25.00