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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

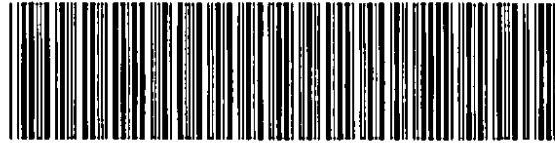
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NEFERTITI THE BEAUTY SALON INC
1217 HOMESTEAD RD N
LEHIGH ACRES, FL 33936
239-645-7030

August 10, 2020

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref: Document Number P19000089259.

This letter is to certify that I, Odeth R Rineda, President of Nefertiti The Beauty Salon Inc., I will not intent to revoke the dissolution of the above mention incorporation, and will like to register the same name Nefertiti The Beauty Salon LLC, please find attached the articles of organization for a liability company.

If you have any questions or need more information please contact me at the above address.

Sincerely,


Odeth R Rineda



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2020

JESSE REYES
JEMA TAX AND SERVICES INC
4503 LEE BLVD
LEHIGH ACRES, FL 33971

SUBJECT: NEFIRTITI THE BEAUTY SALON LLC
Ref. Number: L20000266626

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P19000089259-NEFERTITI THE BEAUTY SALON, INC..

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 520A00022560

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEFERTITI THE BEAUTY SALON 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:

Jesse Reyes

Name of Person

Jema Tax and Services Inc

Firm/Company

4503 Lee Blvd

Address

Lehigh Acres, FL 33971

City/State and Zip Code

jesse@jemataxes.com

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

For further information concerning this matter, please call:

Jesse Reyes

Name of Person

at (239)

Area Code

244-9450

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**

NEFERTITI THE BEAUTY SALON 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 08/18/2020 and assigned
Florida document number L20000266626.

This amendment is submitted to amend the following:

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

NEFERTITI THE BEAUTY SALON 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 address

Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____ ☐ Add

☐ Remove

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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 605.0207 (3)(b)

f 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 02-12-21

Orth. lineola.

Signature of a member or authorized representative of a member

Odeth Pineda

Typed or printed name of signee

Filing Fee: \$25.00