

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : RC TAX SERVICE LLC  
Account Number : I20140000083  
Phone : (407)932-0040  
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*Rwhite  
10/14/20*

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

Email Address: retaxservice@earthlink.net

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHALLAMARS BEAUTY SALON LLC**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHALLAMARS 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:

ADALGISA ALMONTE  
Name of Person  
SHALLAMARS BEAUTY SALON LLC  
Firm/Company  
2701 PICASSO CT  
Address  
KISSIMMEE, FL 34743  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADALGISA ALMONTE at (718) 790-9035  
Name of Person 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**

SHALLAMARS 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 09/18/2020 and assigned  
Florida document number L20000294888

This amendment is submitted to amend the following:

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

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)**

8956 TURKEY LAKE RD

ORLANDO, FL 32819

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8956 TURKEY LAKE RD

ORLANDO, FL 32819

**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:**

ADALGISA ALMONTE

**New Registered Office Address:**

8956 TURKEY LAKE RD

Enter Florida street address

ORLANDO

Florida 32819

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**

**MGR = Manager**  
**AMBR = Authorized Member**

AMBR = Authorized Member

[illegible]

