

L2 0000 297135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
FEB - 7 2023

Office Use Only



000401442630

FILED  
2023 FEB - 6 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FL  
RECEIVED  
2023 FEB - 6 PM 3:38  
J. HORNE  
TALLAHASSEE, FL 01010

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 25.00  
AUTHORIZATION SIGNATURE: 

BLOSSOM BEAUTY AESTHETICS LLC L20000297135

**Business Name**

**Document Number, (if known):**

☐ Walk in ☐ Pick up time ☐  
☐ Mail out ☐ Will wait ☐ Photocopy  
☐ Certified Copy of the Articles of Organization  
☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **PLLC**

**AMMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ Conversion  
☐ Amended and restated Articles  
☐ Statement of Authority

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTILLE()  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 25.00  
AUTHORIZATION SIGNATURE: [Signature]

**EXAMINER'S INITIALS:**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLOSSOM BEAUTY AESTHETICS 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:

Sandy Dorlean

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2711 SW 179 Avenue

\_\_\_\_\_  
Address

Miramar, Florida 33029

\_\_\_\_\_  
City/State and Zip Code

tailoredbabes@gmail.com

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

For further information concerning this matter, please call:

Sandy Dorlean

305 401-0330  
at ( )

\_\_\_\_\_  
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



**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**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

J. D. Culver  
Signature of a member or author

Sandy Dorlean

**Filing Fee: \$25.00**