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COVER LETTER

TO: Registration Section

Division of Corp	orations	,	
SUBJECT: <u>IRE</u>	SNE /S So.	Non Studio)
		, , ,	
The enclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Irang Fi	Reurancin Name of Person	
		•	Studio L.L.C
	6892 L	antern Key [)r
	La	Ke Worth E	1,33463
	E-mail address: (10 n 9 19 Hoo . to be used for future annual report notif	Com lication)
For further information co	oncerning this matter, please ca	all:	
Irana Rame of	Person	at (<u>561</u>) <u>843</u> Area Code Daytime	-JS9J e Telephone Number
Enclosed is a check for th	e following amount:		
tis 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 S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRENE'S Salon Studio LL. ((Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	OZQund assigned
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 "L1.C" 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 agent and/or the new registered office address here:	name of the new registered
	72
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	<u> </u>
Enter Florida street address	**d
Florid	a
City	Zip Codes
New Registered Agent's Signature, if changing Registered Agent:	0.0

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 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

Title	<u>Name</u>	Address	Type of Action
MG-R	Irana Fleuronam	6892 Lantein Key Dr	_ thad
		Lake Worth FL 33463	_ □Remove
			Change
			DAdd
			□Remove
			Change
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It an ett <u>Note:</u>	ive date, if other than the date of filing: 11-01-20 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e recor rd is fi	d 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 led.
Dated	·
	// /
	THI- MA-
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00