

h70 000356850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

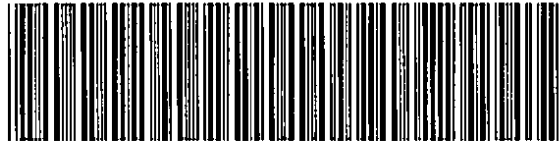
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MAR 16 2021



2021 FEB 13 10:01 AM

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2021

SAVANNAH QUIROZ  
9854 BERNWOOD PLACE DR  
APT. 203  
FORT MYERS, FL 33966

SUBJECT: BARE BEAUTY WAX BAR LLC  
Ref. Number: L20000356850

We have received your document for BARE BEAUTY WAX BAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 221A00003249

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beauty and Body Co.  
\_\_\_\_\_  
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:

Savannah Quiroz  
\_\_\_\_\_  
Name of Person

Beauty and Body Co.  
\_\_\_\_\_  
Firm/Company

9854 Bernwood Place Dr. Apt 203  
\_\_\_\_\_  
Address

Fort Myers, FL 33966  
\_\_\_\_\_  
City/State and Zip Code

beautyandbodyco@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Savannah Quiroz  
\_\_\_\_\_  
Name of Person

239 834-0806  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Bare Beauty Wax Bar LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 FEB 25 PM 12:23  
LED

Articles of Organization for this Limited Liability Company were filed on November 10, 2020 and assigned  
Florida document number L20000356850.

This amendment is submitted to amend the following:

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

Beauty and Body Company 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:**

9854 Bernwood Place Dr, Apt 203, Fort Myers, FL 33966

**Principal office address MUST BE A STREET ADDRESS)**

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

304 Bougainvillea Rd W, Lehigh Acres, FL 33936

**(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**

GR = Manager  
1BR = Authorized Member

**1BR = Authorized Member**

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[illegible]

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

LED

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RECEIVED  
STATE  
FEB 25 2021

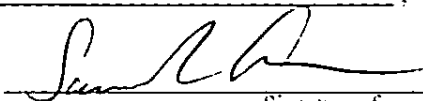
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 February 22, 2020



Signature of a member or authorized representative of a member

Savannah Quiroz

Typed or printed name of signee