L21000012654

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COVER LETTER

TO:

Registration Section Division of Corporations

	Z FASHION & AESTHETIC	S	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DEBORAH PRINCE		
		Name of Person	
	DEBBLUVZ FASHION &	R AESTHETICS	
	·F	Firm/Company	
	6833 NW 173 RD DR AF	PT 206	
		Address	
	HIALEAH, FL 33015		
		City/State and Zip Code	
	MS.DEBORAHJEAN@YA		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
DEBORAH PRINCE		786 2509925	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBBLUVZ FASHION & AESTHETICS		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records,) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L21000012654	Company were filed on <u>01/04/2021</u> .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DEBBLUVZ FASHION & AESTHETICS LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
		r-)
		:
B. If amending the registered agent and/or registered	ed office address on our records, <u>enter th</u>	
agent and/or the new registered office address here:		,\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
		- 1 - 1
Name of New Registered Agent:		င့်သ
Now Pagistured Office Address		مبر <u>.</u> • • مد مد
New Registered Office Address:	Enter Florida street address	
		als.
	, Flori	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 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>	Address	Type of Action
MGR	DEBORAH PRINCE	6833 NW 173RD APT 206 HIALEAH, FL 33015	= Add
			□Remove
			□Change
AMBR	RYSLINA LECLERC	3550 WASHINGTON ST	□Add
		HOLLYWOOD, FL 33021	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
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			□Change

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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	rd 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
ord is fi	nea.
Dated	3/18/2021
	3 18 2021 Website Prince Signature of a member or authorized representative of a member Deborah Prince Typed or printed name of signee
	Signature of a member or authorized representative of a member Deborah Prince Typed or printed name of signee
	Dehirah Prun