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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 Fax Number : (407)520-5473

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

HOTTLERIL. COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN, THE BEAUTY ROOM BY J LLC

Certificate of Status	0
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COVER LETTER

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	ration Section on of Corporations		
	HE BEAUTY ROOM BY JLLC	9.	;
SUBJECT:	<u> </u>		
	Name of Limi	ted Liability Company	
		<u>.</u>	
The enclosed A	ticles of Amendment and fee(s) are sub-	nitted for filing.	
Picase return al	correspondence concerning this matter t	o the following:	
į	JANEL BENCOSME		
	<u>.</u>	Name of Person	
	THE BEAUTY ROOM BY	JLLC	
-		Firm/Company	
:	206 CORAL REEF CIR		
		Address	
	KISSIMMEE, FL 34743		
•		City/State and Zip Code	
	JANEL2425@HOTMAIL.C	OM be used for future annual report	-offices ()
For further infor	mation concerning this matter, please cal	`	normennon)
JANEL BENCO	SME .	407 738-7435	j
	Name of Person	at ()	rtime Telephone Number
		,	
Enclosed is a che	ck for the following amount:		
■ \$25.00 Filin	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
-Registi Divisio P.O. B	Address: ation Section n of Corporations ox 6327 assee, FL 32314		Section Corporations f Tallahassee woe Street, Suite 810

To:8506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	THE BEAUTY ROOM BY J LLC						
-	(Name of the Limited Linbility Company of (A Florida Limited Liab	ns It now appe ility Company	ars on our records.)				
The Articles o	f Organization for this Limited Liability Company we	are filed on $\frac{0}{2}$	1/04/2021		_ and a	ssigned	
Florida docum	nent number L21000013077	•					
	ent is submitted to amend the following:						
<u>-</u> .	ng name, enter the new name of the limited liabilit	y company	nere:				
The new name n	ust be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" o	r the abbre	viation '	L.L.C."	
Enter new or	incipal offices address, if applicable:		·				
- 1	ice address MUST BE A STREET ADDRESS)		•				
	-				 -		
Enter new m	ailing address, if applicable:	-			_		
	ress MAY BE A POST OFFICE BOX)					_	-
•	_						-
B. If amendi	ng the registered agent and/or registered office add	dress on our	records, enter th	e name e	of the r	iew registe	red
agent and/or	the new registered office address here:			- yy (Gan	\sim		
	•			1			
- <u>Naп</u>	e of New Registered Agent:				<u> </u>	1.	-
3 .T	Basistanad Office Address:		•	t	+	· - ·	
<u>Ivev</u>	Registered Office Address:	Enter F	lorida street address		- = "	,"" .	•
	·	ž.	. Flor	chi	33	£5.	
		City	,	,	Zip Co	łe	•
New Register	ed Agent's Signature, if changing Registered Agent:			•	င္သ		
I hereby according provisions of accept the oldering filed to	ept the appointment as registered agent and agree all statutes relative to the proper and complete po- ligations of my position as registered agent as pro- merely reflect a change in the registered office ac- been notified in writing of this change.	erformance ovided for in	of my duties, and 1 Chapter 605, F.	'I am far S. Or, if	niliar i this do	with and ocument is	

□ 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 = M $AMBR = A$	Iahager authorized Mcmbcr	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BENCOSME, JANEL	206 CORAL REEF CIR	
•		KISSIMMBE, FL 34743	□Remove
		<u> </u>	\=Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change
			□Λđd
		<u> </u>	□Remove
-	•		□ Change
			□Add
			□Remove
-			□Change
-	. •		Remove
			Change
•			□Rcmove
	1		

D. If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
	,
_	
. — .	
•	
-	
•	
E. Effective date, if other than the date of filing:	(tion 1)
(If an effective date is listed, the date must be specific and cannot be prior to date of fill	(optional) ug or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)
Note: If the date inscried in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
· '	
If the record specifies a delayed offective date, but not an effective time, at 12:0	a.m. on the earlier of: (b) The 90th day after the
record is filed.	•
Dated FEBRUARY 04 2021	
Dated	
I Inchicosmic	_
Signature of a member or authorized represe	ntative of a member
JANEL BENCOSME	
11 13 B B B 1 1 1 0 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	