

L210 000 64657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

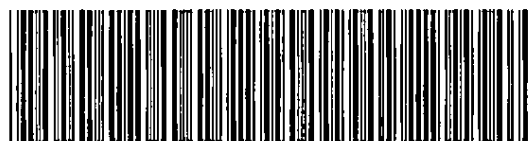
(Document Number)

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DIVISION OF CORPORATIONS  
STATE OF NEW YORK

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOTUS & LILY BEAUTY BAR 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:

MIGUEL A. CARRASCO

Name of Person

EXCLUSIVE TAX SERVICES INC.

Firm/Company

722 PATRICK ST. SUITE 107

Address

KISSIMMEE, FL 34741

City/State and Zip Code

SOLUTIONS@EXCLUSIVETAXSERVICES.COM

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

For further information concerning this matter, please call:

SHAQAISHA N TEZINO

931 5388405  
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

and assigned

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

Florida document number L21000064657

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

34741 US

34741 US

Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF CORPORATION  
PH 3:47

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

RECEIVED  
DIVISION OF CORRECTIONS  
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**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 18 1961

2021

Signature of a member or authorized representative of a member

ShaQaisha Nicole Tezino

Typed or printed name of signee