

LA 1000071911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

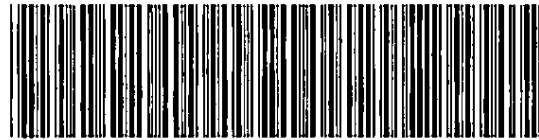
(Document Number)

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S.C.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2021

LOVELY SERAPHIN  
10115 S.W. 13TH STREET  
APT 306  
PEMBROKE PINES, FL 33025

SUBJECT: LOVE ANGEL WIGS LLC  
Ref. Number: L21000071911

We have received your document for LOVE ANGEL WIGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Summer Chatham  
OPS

Letter Number: 921A00010443

RECEIVED

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CALLA J. M. S. FL

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RECEIVED

Signature

May 5, 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 MAY 17 PM 12:55

SECRET  
TALLAHASSEE, FL

LOVELY SERAPHIN  
10115 S.W. 13TH STREET  
APT 306  
PEMBROKE PINES, FL 33025

SUBJECT: LOVE ANGEL WIGS LLC  
Ref. Number: L21000071911

We have received your document for LOVE ANGEL WIGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Summer Chatham  
OPS

Letter Number: 521A00009418

2021 JUN -1 A 7:50

1177

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Love Angel Wigg  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lovely Seraphin  
Name of Person

\_\_\_\_\_  
Firm/Company

10115 SW 13<sup>th</sup> St Apt. 306  
Address

Pembroke Pines, FL 33025  
City/State and Zip Code

Seraphinlovely86@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lovely Seraphin at (305) 582-4794  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2021 JUN - 1 A 7:50

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lovely Angel Wigs  
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:

Lovely Seraphin  
Name of Person

Firm/Company

10115 SW 13th St Apt. 306  
Address

Pembroke Pines, FL 33025  
City/State and Zip Code

Seraphinlovely86@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lovely Seraphin at 305 582-9794  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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

The Articles of Organization for this Limited Liability Company were filed on 02/11/2021 and assigned Florida document number 621000071911.

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 "LLC" 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 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

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>
MGR	Lovely Seraphin	10115 SW 13th St Apt. 306 Pembroke Pines, FL 33025	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021年11月1日

After the

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May 25 ~~2020~~ 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee