

K210000096129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

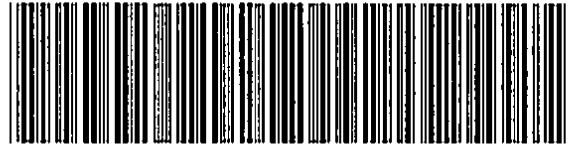
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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100376043101

LC Amend

11/08/21--01036--008 **25.00

FILED
2021 DEC 29 AM 11:44
SECRETARY OF STATE
STATE OF ARIZONA

A. RAMSEY

A. RAMSEY
DEC 29 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2021

BIJALBEN U PATEL
9704 CLINT MOORE RD.
A105
BOCA RATON, FL 33496

SUBJECT: DEE EYEBROW THREADING LLC
Ref. Number: L21000096129

We have received your document for DEE EYEBROW THREADING 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 titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 521A00028828

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEE EYEBROW THREADING 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:

BIJALBEN U PATEL

Name of Person

DEE EYEBROW THREADING LLC

Firm/Company

9704 CLINT MOORE RD, A105

Address

BOCA RATON, FL 33496

City/State and Zip Code

open24175@gmail.com

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

For further information concerning this matter, please call:

BIJALBEN U PATEL

Name of Person

856

8731492

at (_____) _____

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 DEC 29 AM 11:44

DEE EYEBROW THREADING LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL 32399

The Articles of Organization for this Limited Liability Company were filed on 02/26/2021 and assigned
Florida document number L21000096129.

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

City

Florida

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>
<u>MGR</u>	<u>MANOJKUMAR D PATEL</u>	<u>8845 OKEECHOBEE BLVD, APT 204,</u>	<input checked="" type="checkbox"/> Add
		<u>WEST PALM BEACH, FL 33411</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>VP</u>	<u>DIPIKABEN M PATEL</u>	<u></u>	<input type="checkbox"/> Add
		<u>8983 OKEECHOBEE BLVD, SUITE 218</u>	<input checked="" type="checkbox"/> Remove
		<u>WEST PALM BEACH, FL 33411</u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
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<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

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.

X B. Patel
Signature of a member or authorized representative of a member

BIJALBEN U PATEL

Typed or printed name of signee

Filing Fee: \$25.00