

L21000123681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

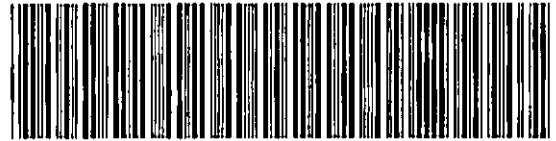
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

D BRUCE  
MAY 26 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MRG HAIR STYLIST 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:

DELNE REGINE

Name of Person

Firm/Company

3120 SW 67th WAY

Address

MIRAMAR FL 33023

City/State and Zip Code

medgins@yahoo.fr

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

For further information concerning this matter, please call:

REGINE DELNE

786

436-8784

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

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TALLAHASSEE, FL

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

M.R.G HAIR STYLIST 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 03/17/2021 and assigned  
Florida document number L21000125681

This amendment is submitted to amend the following:

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

M.R.G HAIR STYLIST AND SHOP LLC

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:

3120 SW 67th WAY, MIRAMAR FL. 33023

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3120 SW 67th WAY, MIRAMAR FL. 33023

(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:

DELNE REGINE

New Registered Office Address:

3120 SW 67th WAY

*Enter Florida street address*

MIRAMAR

Florida 33023

*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	DELNE REGINE	3120 SW 67th WAY, MIRAMAR FL. 33023	<input checked="" type="checkbox"/> Add
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**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.

Dated 04/05 2021

X [Signature]  
Signature of a member or authorized representative of a member

X REGINE DELNE  
Typed or printed name of signer