

L21000173095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 16 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Monica's 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:

Monica Dietz  
Name of Person

Monica's Beauty Bar LLC  
Firm/Company

mailing  
Address →

2933 Gray Jay Dr.  
Address

St. Augustine, FL 32084  
City/State and Zip Code

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

For further information concerning this matter, please call:

Monica Dietz at 1031, 879-2537  
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

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

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Monica's Beauty Bar 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 4/14/21 and assigned  
Florida document number L21000173095

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**)

~~new~~

Monica's Beauty Bar LLC  
9 Sanchez Ave.  
St. Augustine, FL 32084

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

same

2933 Gray Jay Dr.  
St. Augustine, FL 32084

**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:~~

Monica Dietz

New Registered Office Address:

2933 Gray Jay Drive

Enter Florida street address

St. Augustine Florida 32084

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.

Monica Dietz  
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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Melissa Clements	9 Sanchez Ave	<input type="checkbox"/> Add
	*Correct Address please →	St. Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Monica Dietz	9 Sanchez Ave	<input type="checkbox"/> Add
	address of → business location	St. Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Mailing Address	2933 Gray Jay Dr.	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Melissa Clements address in Articles  
of organization is listed as mailing  
address. You may use business address  
for her 9 Sanchez Ave.  
St. Augustine, FL 32084  
Co-owner. (AMBR)

Amending : Melissa's address  
          : Address of business  
+ : Registered agent.

E. Effective date, if other than the date of filing: 4/14/21 (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 May 4, 2021

Monica Dietz

Signature of a member or authorized representative of a member

Monica Dietz

Typed or printed name of signee