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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BYSPRO HAIR CARE 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:

EDUARDO A HOME

Name of Person

BYSPRO HAIR CARE LLC

Firm/Company

1989 NE 163RD ST

Address

NORTH MIAMI BEACH FL 33162

City/State and Zip Code

olartesociados@yahoo.com

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

For further information concerning this matter, please call:

Eduardo Home

305
at ()

4072506

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

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>
AMBR	Luz Marina Mendoza Prieto	1989 NE 163RD ST North Miami Beach FL 33162	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jennyfer Home Mendoza	1989 NE 163RD ST North Miami Beach FL 33162	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 July 08, 2021

Typed or printed name of signee

Filing Fee: \$25.00