

K21 000 451217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

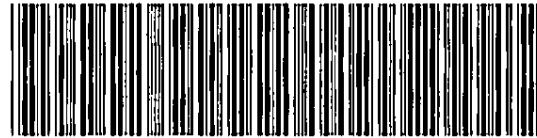
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800374703928

10/21/21--01011--019 **25.00

FILED
2021 OCT 21 PM 3:22
FBI - DES MOINES

A. BUTLER

NOV 03 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hair By Tattoo Miami 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:

Woodlene Chataigne

Name of Person

Firm/Company

410 S.E. 16th Ct. #622

Address

Ft.Lauderdale, FL

City/State and Zip Code

hair.bytattoomiami@gmail.com

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

For further information concerning this matter, please call:

Woodlene Chataigne

954

254-3094

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

FILED

2021 OCT 21 PM 3: 22

OF STATE
ONE FL
and assigne

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	Woodlene Chataigne	410 S.E. 16th Ct #622	<input checked="" type="checkbox"/> Add
		Ft.Lauderdale, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Khoury Robinson	410 S.E. 16th Ct #622	<input type="checkbox"/> Add
		Ft.Lauderdale, FL 33316	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

Typed or printed name of signee