

h22 0000 42937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

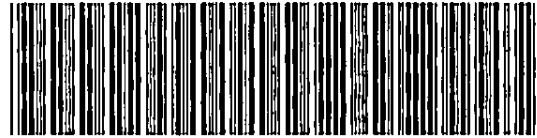
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 APR 22 AM 9:12

T. MATTHEWS

JUN - 9 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRIN DOLL BEAUTIQUE 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:

KYLI M. GARMON

\_\_\_\_\_  
Name of Person

TRIN DOLL BEAUTIQUE LLC

\_\_\_\_\_  
Firm/Company

2564 CENTERGATE DRIVE APT. 101

\_\_\_\_\_  
Address

MIRAMAR, FLORIDA 33025

\_\_\_\_\_  
City/State and Zip Code

TRINDOLLBEAUTIQUE@GMAIL.COM

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

For further information concerning this matter, please call:

KYLI M. GARMON

786 229-0443  
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  
ON SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**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	KYLI M. GARMON	2564 CENTERGATE DRIVE APT. 101	<input checked="" type="checkbox"/> Add
		MIRAMAR, FLORIDA 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KAREEM A. DAVIS II	2564 CENTERGATE DRIVE APT. 101	<input checked="" type="checkbox"/> Add
		MIRAMAR, FLORIDA 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRINITY L. ALEXANDER	2564 CENTERGATE DRIVE APT. 101	<input checked="" type="checkbox"/> Add
		MIRAMAR, FLORIDA 33025	<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

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FEI / EIN NUMBER: 87-4676728

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.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 APRIL 13TH 2022

Kyei M. Gaumon  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KYLIM. GARMON

Typed or printed name of signee