

L22 000071219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

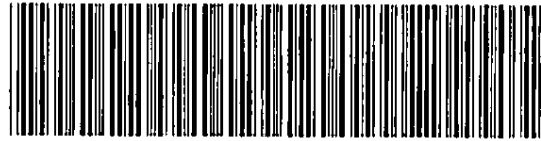
(Business Entity Name)

(Document Number)

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FILED
2022 APR 25 PM 1:46
RECEIVED
2022 APR 25 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

A. BUTLER

APR 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wavy Baby Lash & Skin 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:

Nicole Barton
Name of Person

Wavy Baby Lash & Skin LLC
Firm/Company

2865 N Tomberlin Pt
Address

Hernando FL 34442
City/State and Zip Code

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

For further information concerning this matter, please call:

Nicole Barton at (352) 456-9538
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

Wavy Baby Lash & Skin LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2022 APR 25 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 4/14/22 and assigned
Florida document number L22000071219

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)

Enter new mailing address, if applicable:

(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:

Nicole Barton

New Registered Office Address:

2865 N Tomberlin Pt

Enter Florida street address

Hernando
City

, Florida

34442
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.

[Signature]
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> |
|--------------|----------------|--|--|
| AMBR | Gina Kaczmarek | 2865 N Tomberlin Pt Hernando FL 34442 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | remove as AMBR and change to MGR | <input checked="" type="checkbox"/> Change |
| AMBR | Nicole Barton | 2865 N Tomberlin Pt Hernando FL 34442 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Nicole Barton | 2865 N Tomberlin Pt Hernando FL 34442 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

(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)

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 4/25/22


Signature of a member or authorized representative of a member

Nicole Barton
Typed or printed name of signee

Filing Fee: \$25.00