

1220000 82533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

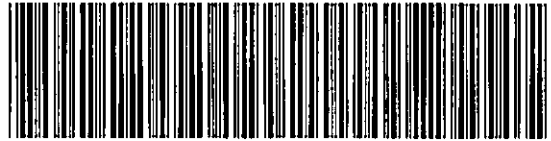
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 01 2022

COVER LETTER

TO: Registration Section
Division of Corporations
CLMF BEAUTY LLC

SUBJECT: _____
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:

Maria Morro

Name of Person

CLMF Beauty LLC

Firm/Company

1657 Forum Pl.

Address

West Palm Beach, FL 33401

City/State and Zip Code

duebellasalon@gmail.com

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

For further information concerning this matter, please call:

Maria Morro

201 3818420

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

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	MARIA MORRO	934 PASEO ANDORRA	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUDIA MECOL	4519 FEIVEL RD #47	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33417	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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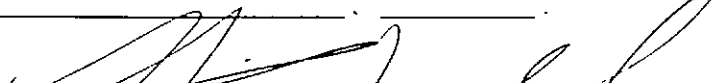
[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

MARCH 16 2022

Dated _____



Signature of a member or authorized representative of a member

Maria Morro

Typed or printed name of signee