

L22000086860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Amend/Name Change

MAR 15 2023

DOCKING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lash Babe 2022
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Mizukami
Name of Person

Lash Babe 2022
Firm/Company

59 NW 45th Ave Apt 9-106
Address

Deerfield Beach FL 33442
City/State and Zip Code

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

For further information concerning this matter, please call:

Monica Mizukami at (562) 322-7235
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB 27 PM 4:30

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2023

MONICA MIZUKAMI
LASH BABE 2022
59 NW 45TH AVE., APT 9-106
DEERFIELD BEACH, FL 33442

SUBJECT: LASH BABE 2022 LLC
Ref. Number: L22000086860

We have received your document for LASH BABE 2022 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

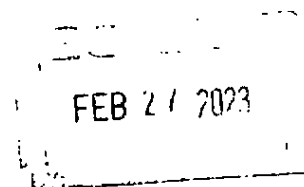
The form you submitted is for a Foreign LLC, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 123A00002962



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lash Babe 2022

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

The Articles of Organization for this Limited Liability Company were filed on 3/02/2022 and signed

Florida document number L22000086860

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lash Babe LLC

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)

1200 N. Federal Hwy
Suite 200
Boca Raton FL 33432

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:

New Registered Office Address:

1200 N. Federal Hwy Suite 200
Enter Florida street address
Boca Raton Florida 33432
City 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.

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

[illegible]

[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 02/13/2023.



Signature of a member or authorized representative of a member

Monica Mizukami

Typed or printed name of signee