

122 000 106715

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

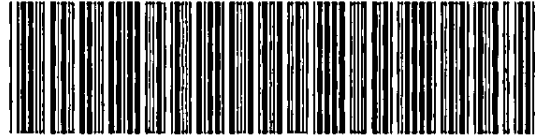
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 MAY 25 PM 3:26

T. MATTHEWS

JUN - 7 2022

RECEIVED



2022 MAY 25 AM 11:20

FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

Division of Corporations

TALLAHASSEE, FL

April 26, 2022

BRIANA REID  
8461 SPRINGTREE DR, 208A  
SUNRISE, FL 33351

SUBJECT: BLAIRE'S BEAUTY BAR LLC  
Ref. Number: L22000106715

We have received your document for BLAIRE'S BEAUTY BAR LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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.

Tekayla T Matthews  
OPS

Letter Number: 522A00009710

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blaire's Beauty Bar 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:

Briana Reid  
Name of Person

Firm/Company

8461 Springtree Dr. 203A  
Address

Sunrise, FL 33351  
City/State and Zip Code

brianareid06@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Briana Reid at (954) 909-6466  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

22 MAY 25 PM 3:26

Blaire's Beauty Bar

(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 01 March 2022 and assigned Florida document number L22000106715.

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**)

7041  
~~6805~~ West Commercial Blvd #6046C  
Tamarac, FL 33319

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6805 W Commercial Blvd #1007  
Tamarac, FL 33319

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:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MsBriana Reid,	8461 Springtree Dr, 208A	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ms. Bertisha Combs	2223 NW 55 <sup>th</sup> Terrace	<input checked="" type="checkbox"/> Add
		Lauderhill, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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Effective date, if other than the date of filing: 05/26/22 (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.

he 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  
ord is filed.

Dated May 18<sup>th</sup> <sup>BR</sup><sub>05/19/22</sub> 19<sup>th</sup> 2022.

B. Riel  
Signature of a member or authorized representative of a member

Briana Riel  
Typed or printed name of signee