

L220000119841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

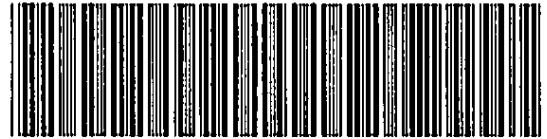
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2/2/23

V.64

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

ShaeTheStylist LLC

(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 09-09-2022 and assigned Florida document number L22000119841.

This amendment is submitted to amend the following:

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

Shae.TheStylist 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)

2040 NE 163<sup>rd</sup> St Suite 104  
North miami beach FL 33162

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1155 NE 137<sup>th</sup> Apt 60  
North miami 33162  
FL

**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:

Shedline zamy

New Registered Office Address:

2040 NE 163<sup>rd</sup> St Suite 104 North miami Beach  
FL 33162

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.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ~~Shae Stylist LLC~~ Shae The Stylist 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:

Shedline zamy  
Name of Person

Firm/Company

2040 NE 163<sup>rd</sup> St Suite 104 north miami Beach  
Address FL 33162

North miami FL 33162  
City/State and Zip Code

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

For further information concerning this matter, please call:

Shedline zamy at (786) 867-2001  
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  
211 E. Park Ave.  
Tallahassee, FL 32301

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	Shedline Zamy	1155 NE 137 <sup>th</sup> Suite AP 301 north miami 33161 Fl	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Dieuseen Sifrain	1155 NE 137 <sup>th</sup> Apt 301 north miami Fl 33161	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[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)

Signature of a member or authorized representative of a member