422000132418

	(Requestor's Name)
	(Address)
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 ,	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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2023 JAH - 3 AM 7: 5

A. BUTLER

JAN - 4 2023

COVER LETTER

TO: Reg Div	gistration Sec vision of Corp	tion orations		
SUBJECT:	LASHBABY	LLC		
AUDSILCT.		Name of Limi	ited Liability Company 📑 💉	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	ı all correspor	idence concerning this matter	to the following:	
		CHELSEA RODRIGUEZ		
			Name of Person	
			Firm/Company	
		8335 ARCHWOOD CIRC	LE	
			Address	
		TAMPA, FL 33615		
		LASHBABYCHELSEA@C		
For further i	nformation ce	E-mail address: () incerning this matter, please ca	to be used for future annual report no all:	otification)
CHELSEA RODRIGUEZ		813 951-0876		
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	e 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

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	LASHBAB	IY LEC		
SUBJEA	. I :	Name of Lim	ited Liability Company	· (max)
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CHELSEA RODRIGUEZ		
			Name of Person	
			Firm/Company	
		12325 OLIVE JONES RD		
			Address	
		TAMPA, FL 33625		
			City/State and Zip Code	<u>-</u>
		LASHBABYCHELSEA@G		
			to be used for future annual report not	ffication)
For furth	ner information c	oncerning this matter, please c	all:	
CHELS	EA RODRIGUE	Z	813 951-0876	
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed	d is a check for th	he 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		Street Address: Registration Se	ection	
Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 632		The Centre of	Γallahassee
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LASHBABY LLC

2023 JAN -3 AM 7: 57

FIFED

(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 $\frac{03/16/2022}{131/131/131}$ and assigned Florida document number <u>L.22000132418</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DAYDREAM BEAUTY STUDIO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 12325 OLIVE JONES RD Enter new principal offices address, if applicable: TAMPA, FL 33625 (Principal office address MUST BE A STREET ADDRESS) 12325 OLIVE JONES RD Enter new mailing address, if applicable: TAMPA, FL 33625 (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: Enter Florida street address

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 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>	Type of Action
MGR	NICOLE GABRIELLE FREY	12325 OLIVE JONES RD. TAMPA, FL 33625	■Add
			□Remove
			□Change
			□Add
			∐Remove
			Change
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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. 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							<u>_</u>
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Signature of a member or authorized representative of a member		————					
ingliance of a member of authorized representative of a member		C:					
			Signature of a member	r or authorized rece	escutative of a momb	·r	



December 12, 2022

CHELSEA RODRIGUEZ 8335 ARCHWOOD CIRCLE TAMPA, FL 33615

SUBJECT: LASHBABY LLC Ref. Number: L22000132418

We have received your document for LASHBABY 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 name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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.

Letter Number: 622A00027580

Anissa Butler Regulatory Specialist II

www.sunbiz.org