

L22000164304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

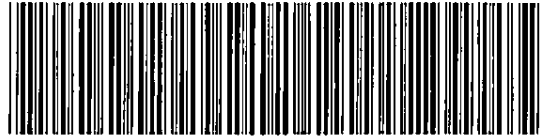
(Document Number)

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FILED  
2024 FEB -2 AM 7:13  
STATE

HB

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Shrey Shrey & Lashes, 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:

Allison Russ  
Name of Person

Shrey Shrey & Lashes, LLC  
Firm/Company

10408 Worth Hill  
Address

TALLAHASSEE FL 32303  
City/State and Zip Code

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

For further information concerning this matter, please call:

Allison Russ at ( 903 ) 956-6751  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Grey Grey 3 Lashes, LLC  
(Name of the Limited Liability Company as it now appears on our records) FEB -2 AM 7:13  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/06/2022 and assigned Florida document number LL20001104304.

This amendment is submitted to amend the following:

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

Up Town Automotive, 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)

10408 North West  
TAMPA FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

Allison Kless

New Registered Office Address:

10408 North West

Enter Florida street address

TAMPA  
City

Florida

33612  
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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

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 01/30 / JANUARY 30 . 2024

Allison Russo  
Signature of a member or authorized representative of a member

Allison Russo  
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2023

ALLISON RUSS  
10408 NROTH 21ST  
TAMPA, FL 33612

SUBJECT: SHEYSHEY&LASHES, LLC  
Ref. Number: L22000164304

We have received your document for SHEYSHEY&LASHES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 823A00027972



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2023

ALLISON RUSS  
10408 NORTH 26 ST.  
TAMPA, FL 33612

SUBJECT: SHEYSHEY&LASHES, LLC  
Ref. Number: L22000164304

We have received your document for SHEYSHEY&LASHES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Anissa Butler  
Regulatory Specialist II

Letter Number: 823A00027972

