

L220000204004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

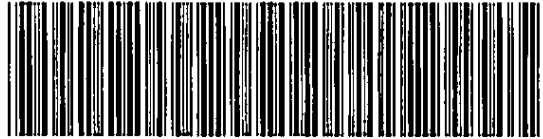
(Document Number)

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05/26/22--01003--001 **25.00

CLERK OF SUPERIOR COURT
ALABAMA, FL

2022 MAY 26 PM 6:06

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVANE BEAUTY 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:

WILLIAM CONTRERAS RIVERA

Name of Person

EVANE BEAUTY LLC

Firm/Company

600 N THACKER AVE

Address

KISSIMMEE, FL 34741

City/State and Zip Code

ADM.ANAINFANTE@GMAIL.COM

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

For further information concerning this matter, please call:

ANA M INFANTE GOMEZ

407

5305878

at ()

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

FILED

2022 MAY 26 PM 6:06

(A Florida Limited Liability Company)

DEPT. OF STATE
TALLAHASSEE, FL

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

600 N THACKER AVE SUITE C-17

Kissimmee, Fl 34741

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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Zip Code

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>
AMBR	CRUZ E ORDONEZ DELGADO	4104 BOBBYS CT,	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CRUZ E DELGADO ORDONEZ	4104 BOBBYS CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE OWNER HAD A MISTAKE IN THE NAME, NEED TO BE AMEND

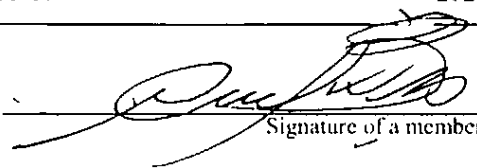
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 MAY 19 2022



Signature of a member or authorized representative of a member

WILLIAM CONTRERAS RIVERA

Typed or printed name of signee