

122000206939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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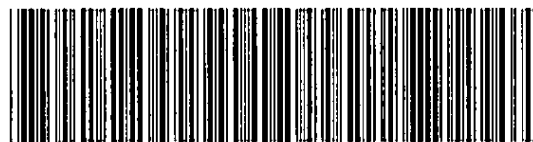
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/10/22--01011--004 \*\*25.00

FILED

2022 JUN 10 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAIRLUVA  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharmaine Hamilton  
Name of Person

Firm/Company

4124 Inverrary DR  
Address

Lauderhill FL 33319  
City/State and Zip Code

Sharmaine77@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharmaine Hamilton at (786) 247 0988  
Name of Person Area Code Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

**FILED**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

2022 JUN 10 PM 12:50

**FIRST:** The name of the limited liability company is:

HAIRLUVA

SECRETARY OF STATE  
TALLAHASSEE, FL

**SECOND:**

The Florida Document number of the limited liability company is: L22000206939

**THIRD:**

Document to be corrected is: the name of the LLC.

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The incorrect statement is HAIRLUVA, the reason  
the statement is incorrect because I over looked  
the application. The correct statement is: HAIR LUVA.  
It's two words and not one.

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



The electronic transmission of the record was defective.

*Samuel*

6/5/22

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:** \$25.00  
**Certified Copy:** \$30.00 (optional)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000206939  
FILED 8:00 AM  
May 02, 2022  
Sec. Of State  
amrivers

**Article I**

The name of the Limited Liability Company is:

\* incorrect: HAIRLUVA LLC

\* correct: HAIR LUVA

**Article II**

The street address of the principal office of the Limited Liability Company is:

4124 INVERRARY DR  
UNIT 14F  
LAUDERHILL, FL, US 33319

The mailing address of the Limited Liability Company is:

4124 INVERRARY DR  
UNIT 14F  
LAUDERHILL, FL, US 33319

**Article III**

The name and Florida street address of the registered agent is:

SHARMAINE HAMILTON  
4124 INVERRARY DR  
UNIT 14F  
LAUDERHILL, FL 33319

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SHARMAINE HAMILTON