

L22000354231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

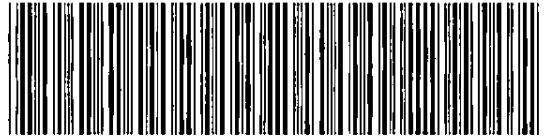
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 MAY 22 AM 9:15

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAY 21 AM 10:49

SECRETARY OF
TALLAHASSEE, FLORIDA

2024 MAY 21

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 55.00 _____

AUTHORIZATION SIGNATURE: *Sam Felt* _____

3 Brothers LLC L22000354231

BUSINESS (Name)

Document #

☐ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☒ **Certified Copy**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ CORP

☐ LLLP

AMMENDMENTS

☒ Amendment

☐ Resignation of Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name Cancel

☐ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Limited Partnership

☐ Dissolution/ Reinstatement

☐ Trademark

☐ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: 3 BROTHERS, LLC
Ref. Number: L22000354231

We have received your document for 3 BROTHERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Managers names that is being removed the complete name is not listed. Juans title should be "MGR".

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00011203

RECEIVED
2024 MAY 22 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3 BROTHERS 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:

NATALIE HIDALGO

Name of Person

WESTFIELD ACCOUNTING SERVICES

Firm/Company

357 OLD TOWN RD

Address

EAST SETAUKET, NY 11733

City/State and Zip Code

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

For further information concerning this matter, please call:

NATALIE HIDALGO at 631 901-9918
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

3 BROTHERS 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 08/11/2022 and assigned
Florida document number L22000354231

This amendment is submitted to amend the following:

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

LOLI BEAUTY 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2024 MAY 22 AM 9:15
TALLAHASSEE, FLORIDA

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:

IVAN ALABACHIAN

New Registered Office Address:

18061 Biscayne blvd apt 404N2

Enter Florida street address

Aventura

City

, Florida 33160

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.


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>
MGR	JOHN A ALABACHIAN	18061 Biscayne Blvd apt 404N2	<input checked="" type="checkbox"/> Add
		Aventura FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN C ALABACHIAN GALATZIAN	11902 SW 13 COURT	<input type="checkbox"/> Add
		DAVIE, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANABEL POLATIAN SHAROIAN	11902 SW 13 COURT	<input type="checkbox"/> Add
		DAVIE, FL 33325	<input checked="" 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.)*

2024 MAY 22 AM 9:15
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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 21, 2024

Signature of a member or authorized representative of a member

JOHN A ALABACHIAN

Typed or printed name of signee

Filing Fee: \$25.00