

L23 000 160 707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

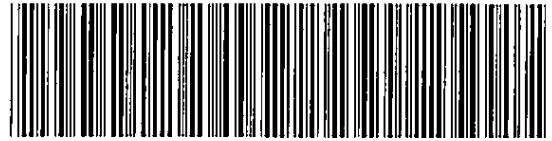
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/30/24--01030--021 **25.00

24 JUL 30 AM 5:48
JUL 30 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEAUTY BY INGRID 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:

INGRID RAMOS CENTENO

Name of Person

BEAUTY BY INGRID LLC

Firm/Company

3223 STRATTON CIR

Address

KISSIMMEE FLORIDA 34744

City/State and Zip Code

beautybyingridr@gmail.com

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

For further information concerning this matter, please call:

INGRID RAMOS CENTENO

689 2410843
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BEAUTY BY INGRID 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 04/01/2023 and assigned Florida document number 1.23000160707.

This amendment is submitted to amend the following:

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

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)

3223 STRATTON CIR

KISSIMMEE FLORIDA 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3223 STRATTON CIR

KISSIMMEE FLORIDA 34744

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:

INGRID RAMOS CENTENO

New Registered Office Address:

3223 STRATTON CIR

Enter Florida street address

KISSIMMEE

Florida

34744

City

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.

Ingrid Ramos

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	INGRID RAMOS CENTENO	3223 STRATTON CIR	<input type="checkbox"/> Add
		ORLANDO, FL 34744	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	INGRID RAMOS CENTENO	3223 STRATTON CIR	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

PLEASE UPDATE EIN 99-2601299

[illegible]

E. Effective date, if other than the date of filing: 07/01/2024 (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 JULY 25, 2024

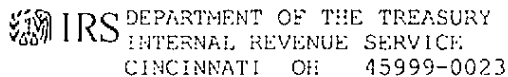
Ingrid Ramos

Signature of a member or authorized representative of a member

INGRID RAMOS CENTENO

Typed or printed name of signee

Filing Fee: \$25.00



Date of this notice: 04-19-2024

Employer Identification Number:
99-2601299

Form: SS-4

Number of this notice: CP 575 G

BEAUTY BY INGRID LLC
INGRID RAMOS CENTENO SOLE MBR
3223 STRATTON CIR
KISSIMMEE, FL 34744

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-2601299. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Thank you for your cooperation.

CP 575 G (Rev. 7-2007)

9999999999

DATE OF THIS NOTICE: 04-19-2024
EMPLOYER IDENTIFICATION NUMBER: 99-2601299
FORM: SS-4 NOBOD

BEAUTY BY INGRID LLC
INGRID RAMOS CENTENO SOLE MBR
3223 STRATTON CIR
KISSIMMEE, FL 34744