

L230000163711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

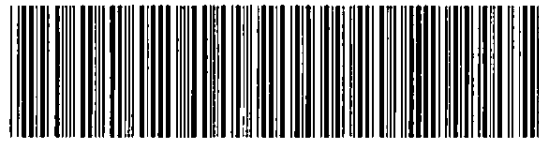
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATURE OF ORGANIC HAIR 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:

NOHORA MORENO

Name of Person

CONSULTAN MORENO LLC

Firm/Company

2164 SW 83 TERR

Address

DAVIE FL 33324

City/State and Zip Code

consultanmoreno@gmail.com

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

For further information concerning this matter, please call:

NOHORA MORENO

954

9525697

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
W/N			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2016-06-14
14
2016-06-13

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.

Dated OCTOBER 7, 2024

Bernard Pastor Herena
Signature of a member or authorized representative of a member

Bergman Pastor Herrera
Typed or printed name of signer

Filing Fee: \$25.00