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(Requestor's Name)

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(City/State/Zip/Phone #)

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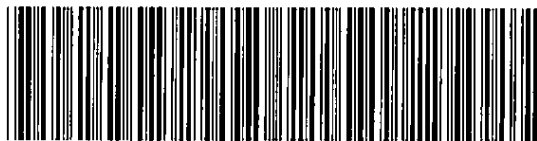
(Business Entity Name)

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SEC. OF STATE
TAL. HALL, 3000 E. W. BLVD.
TALLAHASSEE, FL 32310

FILED



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISHOP 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:

BARBARA FILS
Name of Person
ISHOP BEAUTY LLC
Firm/Company
810 JESSAMINE DRIVE
Address
DAVENPORT FL 33837
City/State and Zip Code
BARBARA FILS1995@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA FILS at (321) 512-8958
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

☐ \$45.00 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

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ISHOP BEAUTY 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 07/13/2023 and assigned
Florida document number L230000332747

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 office 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) _____

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 _____

New Registered Office Address: _____

Enter Florida street address

City

Florida

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

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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

Title	Name	Address	Type of Action
MGR	GERALD Leveille	810 Jessamine Drive DAVENPORT FL 33837	☒ Add ☐ Remove ☐ Change
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TALLAHASSEE, FL

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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

11/09/2023

~~Barbara J.~~

¹Signature of a member of author and representative of a member

BARBARA Fils

Typed or printed name of signer

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Electronic Articles of Organization
For
Florida Limited Liability Company

L23000337747
FILED 8:00 AM
July 13, 2023
Sec. Of State
Jefferson

Article I

The name of the Limited Liability Company is:
ISHOP BEAUTY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
810 JESSAMINE DRIVE
DAVENPORT, FL, US 33837

The mailing address of the Limited Liability Company is:
810 JESSAMINE DRIVE
DAVENPORT, FL, US 33837

Article III

The name and Florida street address of the registered agent is:
BARBARA FILS
810 JESSAMINE DRIVE
DAVENPORT, FL, 33837

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: BARBARA FILS