

L24000126173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

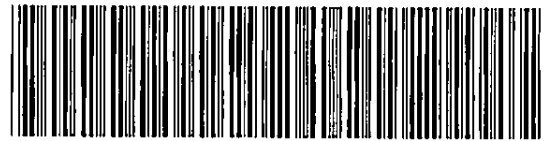
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T. SCOTT

MAR 28 2024



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ky's Beauty Bar 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:

Kylee Wade

Name of Person

Ky's Beauty Bar LLC

Firm/Company

1140 Mercers Fernery Rd

Address

Deland, FL 32720

City/State and Zip Code

kylee.wade@icloud.com

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

For further information concerning this matter, please call:

Kylee Wade

at (386) 7489350
Area Code Daytime Telephone Number

Name of Person

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

[illegible]

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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)
_____ (If an effective date is listed in this block, it does not meet the applicable statutory filing requirements, this date will not be listed as the

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 March 28, 2024

Hylee Wall
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kylee Wade
Typed or printed name of signee

Typed or printed name of signer

Filing Fee: \$25.00