

L24000140955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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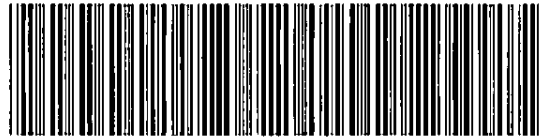
(Business Entity Name)

(Document Number)

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2024 APR 11 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAPE AND SHADE PERMANENT MAKEUP AND LASHES 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:

JULIE ANN S. CHIPP

Name of Person

SHAPE AND SHADE PERMANENT MAKEUP AND LASHES LLC

Firm/Company

PO BOX 440178, 7055 BLANDING BLVD

Address

JACKSONVILLE, FLORIDA 32244

City/State and Zip Code

beauty@shapeshadepmulashes.com

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

For further information concerning this matter, please call:

JULIE ANN S. CHIPP

904 8683878

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

202 APR 11 AM 9:32
STATE
TALLAHASSEE, FL

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

SHAPE AND SHADE PERMANENT MAKEUP AND LASHES 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 MARCH 22, 2024 and assigned
Florida document number L24000140955.

This amendment is submitted to amend the following:

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

N/A - SAME AS THE EXISTING FILE RECORD

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:

N/A - SAME AS THE EXISTING FILE RECORD

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A - SAME AS THE EXISTING FILE RECORD

(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:

N/A - SAME AS THE EXISTING FILE RECORD

New Registered Office Address:

N/A - SAME AS THE EXISTING FILE RECORD

Enter Florida street address

N/A - SAME AS THE EXISTING FILE RE

Florida

N/A - SAME AS THE E

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.

If Changing Registered Agent, Signature of New Registered Agent

RECEIVED
MAR 22 2024
AM 9:38
TALLAHASSEE, FL

[illegible]

N/A

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 APRIL 8, 2024

Signature of a member or authorized representative of a member

JULIE ANN S. CHIPP

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

100

Filing Fee: \$25.00