P18 000034748

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
2 Shop
NAME OF CORPORATION: LIE CHIC BARBERDAND SALON INC
DOCUMENT NUMBER: P 18000034748
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LOVELIE Jacques Name of Contact Person LEChic Barbershop and Salon Inc
3411 W OAKland PK BLYC
Lauderdale Lakes FL 33311 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 827-3053 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

11/10/2020 To whom it may concern; It I fush want you to change the name in the paper that was filed because there was in error in mispelling the in error in mispelling the name Loxvelie Jacques in which to be 11 Lovelie Jacques Thank you, Lovelie Jacques.

Articles of Amendment

to Articles of Incor	vacation
LE Chic BARBER	Shopand SAlow Inc.
(Name of Corporation as currently for Cocument Number of Cocument Numb	3
(Document Number of C	orporation (11 known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Corporation Corpo	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	34/1 W CaKland PK Blvc Lauderdale Lakes Fr 33311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent Wew Registered Office Address: New Registered Office Address: New Registered Office Address:	Bien Aime Dixie Hwy
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	h and accept the obligations of the position. r

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P - President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Financial Officer. If an officer'director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One) 1)	P	Lovelie Jacques	6260 Kimberly Block
Add		·	North Lauderclate
Remove			FL JJC 50
2) Change			
Add			<u> </u>
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach adamond	sheets, if necessary).	(Be specific)				
NA						
-7						
					 	
			· · · · · · · · · · · · · · · · · · ·			
<u> </u>						
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If an amendmer	t provides for an excl	hange, reclassifi	cation, or cancel	lation of issued sh	ares.	
provisions for	mplementing the ame cable, indicate N/A)	endment if not c	ontained in the	amendment itself:		
(if not appl.	cable, indicate N/A)					
Y/A						
1/						
						
					· · · · · · · · · · · · · · · · · · ·	

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The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
interine date in apprication.	(no more than 90 days after	amendment file date)
Note: If the date inserted in this block document's effective date on the Depart		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of dire	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		votes east for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting h voting group entitled to vote separa	
"The number of votes cast for t	he amendment(s) was/were sufficient	for approval
by	(voting group)	·
selector, hy	of president or other officer – if direct an incorporator – if in the hands of a iduciary by that fiduciary) OVELLE JAC (Typed or printed name of per	receiver, trustee, or other court
	Prosident	-

(Title of person signing)