## LZZ000029732

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2023 JUN 23 AH 6: 5



## **COVER LETTER**

TG:	Registration Se Division of Cor					
CHD III.	Jireh Boutio	que & Salon				
SUBJE	C1:	Name of Limi	ted Liability Company			
		Amendment and fee(s) are sub-	_			
		Amanda Vazquez Lopez	w die tonowing.			
	Name of Person					
		Jireh Boutique & Salon, LI	.C			
			Firm/Company			
	4869 SW 60th Ave. Suite 100-101					
			Address	<del></del>		
		Ocala, Fl. 34474				
			City/State and Zip Code			
		jirehboutiquesalon@gmail.c E-mail address; (t	om o be used for future annual repo	rt notification)		
For furt	her information co	oncerning this matter, please ca				
Amanda Vazquez Lopez			352 216-10 at ()	36		
	Name of	f Person	Area Code D	laytime Telephone Number		
Enclose	d is a check for th	se following amount:				
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T ... -

2023 JUN 23 AH 6:51

Jirch Boutique & Salon, LLC

ame of the Limited Liability Company as it now appears on our records.)

	Lin. c. January 14 2022	
The Articles of Organization for this Limited Lia	bility Company were filed on January 14,2022	and assigned
Florida document number 1.22000029732		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter th</u> here:	e name of the new regi
	<del></del>	
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	
	Enter Florida street address, Flor City	id.

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Liliana Latorre Torres	5958 SW 128th Pl	□Add
		Ocala , Fl 34474	■Remove
•=			□Add
			□Remove
			□Change
		_	
			□Remove
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	<del></del>	<del></del>				
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ffective date, if other than t	he date of f	iling:	_		(optional)	
an effective date is fisted, the date in this ocument's effective date on the	block does r	not meet the ap	plicable statut			
record specifies a delayed effect is filed.	tive date, but	t not an effecti	ve time, at 12:	)1 a.m. on the ed	rlier of: (b) Th	e 90th day after the
ated May 3		2023				
	An.	Will	·			
7	- NOW	77/2	<b></b>			

Typed or printed name of signee

## **COVER LETTER**

TG:

	Registration Sec Division of Corp				
SUBJEC		que & Salon			
SUBJEC	1:	Name of Limi	ited Liability Company	<del></del>	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Amanda Vazquez Lopez			
			Name of Person		
		Fireh Boutique & Salon, Ll	L.C		
		<del></del>	Firm/Company	<del></del>	
		4869 SW 60th Ave, Suite	100-101		
			Address	· · · · · · · · · · · · · · · · · · ·	
		Ocala, Ft. 34474			
			City/State and Zip Code		
		jirehboutiquesalon@gmail.c			
		E-mail address: (	to be used for future annual report notification)		
For furthe	er information co	oncerning this matter, please ca	all:		
Amanda Vazquez Lopez			352 216-1036 at ( )		
Name of Person			Area Code Daytime Telephone	Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	
Mailing Address: Registration Section			Street Address: Registration Section		
Division of Corporations			Division of Corporations		
	P.O. Box 632		The Centre of Tallahasse		
	Tallahassee, l	FL 32314	2415 N. Monroe Street, S	Suite 810	

Tallahassee, FL 32303