

L15000015059

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(Document Number)

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17 JAN 12 PM 4:48
TALLAHASSEE, FLORIDA

JAN 12 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.M. The Beauty Goddess 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:

La'Tavia K Moses
Name of Person

L.M. The Beauty Goddess LLC
Firm/Company

1325 Donald Street Apt. 1
Address

Jacksonville, FL 32205
City/State and Zip Code

moses.latarvia@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

La'Tavia Moses at (904) 314-9500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2017

LA'TAVIA K MOSES
1325 DONALD STREET APT 1
JACKSONVILLE, FL 32205

SUBJECT: L.M. THE BEAUTY GODDESS LLC
Ref. Number: L15000015059

RECEIVED
2017 JAN 12 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for L.M. THE BEAUTY GODDESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 817A00000068

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

N/A

(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 _____ and assigned
Florida document number _____.

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 offices 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:

La'Tavia Kimora Moses

1325 Donald St Apt 1

Enter Florida street address

Jacksonville

City

, Florida

32205

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.

La'Tavia K Moses

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
Owner	La'Tavia K Moses	1325 Donald St Apt. 1	<input type="checkbox"/> Add
		Jacksonville FL 32205	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

JAN 2 2 44 PM '08
MILWAUKEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

17 JAN 12 PM 4:12
RECEIVED
CLERK OF THE
SUPREME COURT
OF THE STATE OF
FLORIDA

E. 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)

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.

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 _____, _____

La'Tavia K Mases

Signature of a member or authorized representative of a member

La'Tavia K Mases

Typed or printed name of signer