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FILED

AUG 12 2019 S. YOUNG



July 31, 2019

BRENDA MCCOY SIKUTHANI'Z BEAUTY & MEDISPA, LLC 5265 SAN JUAN AVENUE JACKSONVILLE, FL 32210

SUBJECT: SIKUTHANI'Z BEAUTY SPA, LLC

Ref. Number: L18000253814

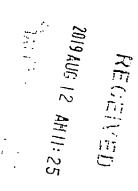
We have received your document for SIKUTHANI'Z BEAUTY SPA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 819A00015688



COVER LETTER

TO:

	Registration Sec Division of Corp					
SUBJEC		II'Z BEAUTY SPA, LLC				
30 B3 E C	CT:Name of Limited Liability Company					
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		BRENDA MCCOY				
		SIKUTHANI'Z BEAUTY & N	Name of Person MEDISPA, LLC			
		5265 SAN JUAN AVENUE	Firm/Company			
		JACKSONVILLE, FL 3221	Address 0			
		BRENDEEMA@YAHOO.CC				
For furth	er information c	r-mail address: (oncerning this matter, please ca	to be used for future annual report notifi all:	cation)		
BREND	A MCCOY		904 477-3638			
1	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne 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)		
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIKUTHANIZ BEAUTY SPA, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp.	pany were filed on NOVEMBER	R 7, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SIKUTHANIZBEAUTY & MEDISPA, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address		FILE D SECUL ANG 12 PH 5: ORDER names of the new
TELESCIPE UNION CONTROL OF THE BEAUTIES	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	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

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
			□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
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(If an eff Note:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed
Dated	JULY 17 2019
Dated	
	Signature of a prember or authorized representative of a member
	BRENDA MCCOY

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00