

118000253814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

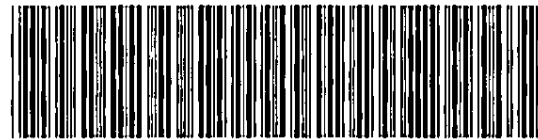
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19 AUG 12 PM 5:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 12 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

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2019 AUG 12 AM 11:25

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SIKUTHANI'Z BEAUTY SPA, 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:

BRENDA MCCOY

\_\_\_\_\_  
Name of Person

SIKUTHANI'Z BEAUTY & MEDISPA, LLC

\_\_\_\_\_  
Firm/Company

5265 SAN JUAN AVENUE

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32210

\_\_\_\_\_  
City/State and Zip Code

BRENDEEMA@YAHOO.COM

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

For further information concerning this matter, please call:

BRENDA MCCOY

904 477-3638

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RECEIVED**

JUL 22 2019

## Page 1 of 3

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>
_____	_____	_____	<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"/> Change

[illegible]

(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)

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..

2019

Signature of a member or authorized representative of a member

BRENDA MCCOY

Typed or printed name of signee