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CLERK OF SUPERIOR COURT  
STATE OF CALIFORNIA

JAN 04 2021  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Goddess Beauty Supply LLC

\_\_\_\_\_  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 9: 82

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Latasha N Williams

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

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

581 N Park Ave #106

\_\_\_\_\_  
Address

Apopka, FL 32704

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

goddessbsupply@gmail.com

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

For further information concerning this matter, please call:

Latasha N Williams

407 703-31000  
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

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

Goddess Beauty Supply LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 9:32

The Articles of Organization for this Limited Liability Company were filed on 03/06/2019 and assigned  
Florida document number L19000064873.

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:**

485 E Keene Rd

**(Principal office address MUST BE A STREET ADDRESS)**

Apopka FL 32703

**Enter new mailing address, if applicable:**

PO Box 106

**(Mailing address MAY BE A POST OFFICE BOX)**

Apopka FL 32703

**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:

581 N Park Ave #106

*Enter Florida street address*

Apopka

*City*

Florida 32704

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	HOLLING, CHANEL NICOLE	581 N Park Ave #106	<input type="checkbox"/> Add
		Apopka FL 32704	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JONES, KEYOMI BRIANNA	P.O. Box 1703	<input type="checkbox"/> Add
		Apopka FL 32704	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	WILLIAMS, LATASHA NICOLE	581 N Park Ave #106	<input type="checkbox"/> Add
		Apopka FL 32704	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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.

(b) The 90th day after the record is filed.

Dated November 15th 2019

Salvatore

Signature of a member or authorized representative of a member

**Latasha Nicole Williams**

Typed or printed name of signee