

L19 000064873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

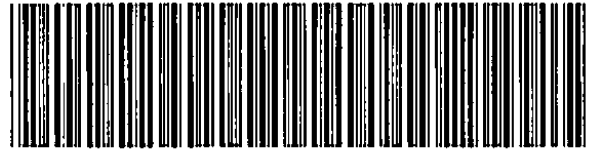
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400355424694

11/23/20--01011--023 **35.0

FILED

2020 NOV 23 PM 4:59

12/28/20
[Signature]

TO: Registration Section
Division of Corporations

SUBJECT: Goddess Beauty Supply 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:

Keyomi Branna Jones
Name of Person

Goddess Beauty Supply LLC
Firm/Company

485 E Kerne Rd
Address

Apopka, FL 32703
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:

Keyomi Jones ^{Branna}
Name of Person at (321) 202-5185
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

The Articles of Organization for this Limited Liability Company were filed on 3.9.2019 and assigned Florida document number 1900006483

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:

Keyomi Branna Jones

New Registered Office Address:

485 E KEENE Rd
Enter Florida street address

Apopka, Florida 32703
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
MGR	Latasha N Williams	581 N Park Ave #106	<input type="checkbox"/> Add
		Ap 107	<input checked="" type="checkbox"/> Remove
		Apopka, FL 32703	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR/MGR	Keyomi Brianna Jones	P.O. box 1703	<input type="checkbox"/> Add
		Apopka, FL 32703	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR/MGR	Chanel Nicole Holling	581 N. Park Ave #106	<input checked="" type="checkbox"/> Add
		Apopka, FL 32703	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Apollonia Q Wagner	2207 Silver Pines Pl	<input checked="" type="checkbox"/> Add
		Orlando, FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2020 NOV 23 PM 4:59
1

FILED
2020 NOV 23 PM 4:59

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

Dated 18, Nov, 2020

 Signature of a member or authorized representative of a member

Keyonita Jones
Typed or printed name of signee