

L20 000010244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

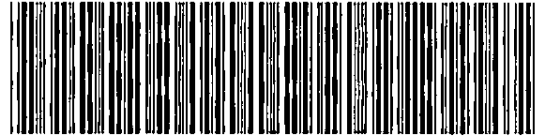
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 MAR -9 PM 2:37

R. WHITE
MAR 09 2020


To: Florida Department of State

From: Shicodie Ross

Hello I'm writing on behalf of Rololon Cosmetics LLC. I need to remove Jessica London from my LLC business. This is why I'm refiling. I need you to make me the sole proprietor or manager.

Thanks,

Shicodie Ross

A handwritten signature in black ink that reads "Shicodie Ross". The signature is written in a cursive, flowing style.

1-25-2020

RECEIVED
JAN 29 2020



RECEIVED

2020 MAR -9 PM 11:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2020

SHICODLE ROSS
820 CENTURY 21 DR
JACKSONVILLE, FL 32216

SUBJECT: ROLOLON COSMETICS LLC
Ref. Number: L20000010244

We have received your document for ROLOLON COSMETICS 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):

The form you have submitted is for a new entity to file new articles of organization. Because this entity has already filed articles of organization, you will need to file articles of amendment make changes to the manager/member detail. Please see the enclosed information.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 920A00004150

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pololon Cosmetics 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:

Shicodie Ross
Name of Person

Pololon Cosmetics
Firm/Company

820 century 21 dr.
Address

Jacksonville FL 32216
City/State and Zip Code

shicodie@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shicodie Ross at (750) 843-0807
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020:11 -9 PM 2:37

Pololon Cosmetics

(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 Jan 03 2020 and assigned Florida document number 220000010244

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:

Shilodie Ross

New Registered Office Address:

820 Century 21 dr.

Enter Florida Street address

Jacksville

City

Florida

32214

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	Shirley Ross	820 century 21 dr.	<input checked="" type="checkbox"/> Add
		Jacksonville FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Jessica London	3262 Thomas St.	<input type="checkbox"/> Add
		Jacksonville, FL 32254	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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