L20000122946

| (Requ | iestor's Name) | |
|-----------------------------|-----------------|-----------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/ | State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nan | ne) |
| (Docu | ıment Number) | · |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ling Officer: | |
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A. BUTLER NOV 3 0 2022

COVER LETTER

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TO:

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| SUBJECT. A | veen's Reflection | in 110 | |
| SUBJECT: 21 - Q | Name of Lim | ited Liability Company | • |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | Melvin Name of Person | |
| | Self-Inc | Virm/Company | . . |
| | 6107 Pape | Place | |
| | | City/State and Zip Code | |
| | E-mail address: (| A SUPSULO J. MAN J. COM. to be used for future annual report noti- | fication) |
| For further information co | oncerning this matter, please ca | | |
| <u>Jerushia 1</u> Name o | Melvin Person | at (<u>904</u>) <u>790 · 23</u> Area Code Daytim | 778 e Telephone Number |
| Enclosed is a check for th | e 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 Addres Registration S Division of C P.O. Box 632 | section orporations | Street Address: Registration Sec Division of Cor The Centre of T | porations |
| Tallahassee, F | | | e Street, Suite 810 |

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| O | F | |
|---|---|-------------|
| (Name of the Limited Liability Compar (A Florida Limited L | i. L. C 2/1/2 11 11 2: 29 Ny as it now appears on our records!) 21 Pil 2: 29 | |
| | 12 -11:11 th 2020 - | signed |
| Florida d' sument number <u>120000122946</u> . | , | |
| This am indment is submitted to amend the following: | | |
| 0.10 / 1 | | "L.C." |
| Entger new principal offices address, if applicable: | | |
| (P. Fincipal office address MUST BE A STREET ADDRESS) | Jacksonville FL 32209 | |
| Enter new mailing address, if applicable: | 6107 Pope Place | |
| (Mailing address MAY BE A POST OFFICE BOX) | Jacksonville Fh. 32209 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the ne | w registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | | |
| | | |
| Now Desictored Agent's Constant of changing Desictored Agent- | (Name of the Limited Liability Company as it now appears on our records) 21 Pil 2: 29 (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on May 16th 200 and assigned ment number 22000122746. The ties submitted to amend the following: ing name, enter the new name of the limited liability company here: 2 Activity Spa Statistics must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" rincipal offices address, if applicable: 6/07 Pope Place fice address MUST BE A STREET ADDRESS) Activity of Fig. 32.204 mailing address, if applicable: 6/07 Pope Place 1/2 Company of the designation "LLC" or the abbreviation "LLC" or | |

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 = 1 Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|-----------------------------------|
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| Note: 16 | e date, if other than the date of filing: | 0207 ed as |
| record d is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d. | the |
| Yates 1 | 11.32.2022. | |
| Jaica _ | (/BPA) | |
| Aucd _ | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00



September 12, 2022

A QUEENS REFLECTION L.L.C. 6107 POPE PLACE JACKSONVILLE, FL 32209

SUBJECT: SELF-IDENITY BEAUTY LLC

Ref. Number: W22000115408

We have received your document for SELF-IDENITY BEAUTY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6939.

Letter Number: 622A00020246

Stacy Prather Regulatory Specialist III

www.sunbiz.org