

L20000/666613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

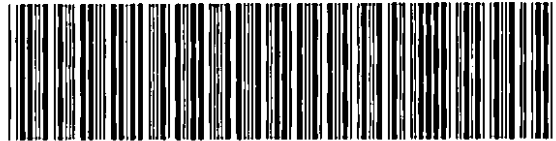
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 OCT 16 AM 11:27

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OCT 19 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/16/2020

****WALK IN****

ENTITY NAME Esther's Care, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____ *Plain Copy*
_____ *Certified Copy*
_____ *Certificate of Status*

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ *Certified Copy of Arts & Amendments*
_____ *Certificate of Good Standing*

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

1. *Chlorophyll a* (Chl *a*)

**TO: Registration Section
Division of Corporations**

Esther's Care 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:

Darling St Jean

Name of Person

Esther's Care LLC

Firm/Company

303 Taylor Blvd

Address

Winter Haven, FL 33880

City/State and Zip Code

esthescarebeauty20@gmail.com

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

For further information concerning this matter, please call:

Darling St. Jean

863 7094933

31 (_____)

Name of Person

Agent 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

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>
AMBR	Darling St Jean	303 Taylor Blvd	<input type="checkbox"/> Add
		Winter Haven, FL 33880	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Shanice Brown	208 Pearl St APT B	<input checked="" type="checkbox"/> Add
		Auburndate, FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated October 15, 2020

Darling St. Jean

Typed or printed name of signee

Filing Fee: \$25.00