

170 000231597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

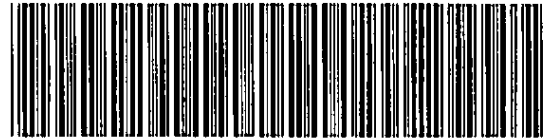
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356540628

12/16/20--01007--009 **60.00

FILED

2020 DEC 16 AM 10:35

1/26/21
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beautifully Blended Sisters 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:

Raecena L Davis

Name of Person

Beautifully Blended Sisters LLC

Firm/Company

817 NW 126th AVE

Address

Coral Springs FL 33071

City/State and Zip Code

msrae1983@yahoo.com

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

For further information concerning this matter, please call:

Raecena L Davis

954 279-4791

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

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	Raecena L Davis	817 NW 126th AVE.	<input checked="" type="checkbox"/> Add
		Coral Springs FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Joseph R Davis II	817 NW 126th AVE.	<input type="checkbox"/> Add
		Coral Springs FL 33071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph R Davis II	817 NW 126th AVE.	<input checked="" type="checkbox"/> Add
		Coral Springs FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" 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

2020 DEC 19 AM 10:35
FILED

2020 DEC 6 /M 10:35

FILED
2020 DEC 6 AM 10:35

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Filing Fee: \$25.00