

L20000347407

(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:

will wait

Office Use Only



600358432956

600358432956
01/19/21--01006--003 **30.00

600358432956
01/19/21--01006--002 **30.00

Jan

Amend
N/C

2021 JAN 19 AM 10:49

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SISTAS RESTAURANT AND LOUNGE 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:

LATERRIANCE BAKER

Name of Person

Firm/Company

16171 MAHAN RD.

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

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

For further information concerning this matter, please call:

LATERRIANCE BAKER

850 345-7472

Name of Person

at ()

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**

SISTAS RESTAURANT AND LOUNGE 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 NOVEMBER 2, 2020 and assigned Florida document number 1.20000347407.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CAPITAL CITY CARRIERS LLC

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)

16171 MAHAN RD.

TALLAHASSEE, FL 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16171 MAHAN RD.

TALLAHASSEE, FL 32309

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:

LATERRIANCE BAKER

New Registered Office Address:

16171 MAHAN RD.

Enter Florida street address

TALLAHASSEE

Florida 32309

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

- 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 | ASHLEIGH GORDON | 3109 PROSPECT ST. | <input type="checkbox"/> Add |
| | | TALLAHASSEE, FL 32301 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ALEXSANDRIA MORGAN | 4025 REMER CT | <input type="checkbox"/> Add |
| | | TALLAHASSEE, FL 32303 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | VALARIE JOINER | 4025 REMER CT | <input type="checkbox"/> Add |
| | | TALLAHASSEE, FL 32303 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | IVORY BAKER | 16171 MAHAN | <input checked="" type="checkbox"/> Add |
| | | TALLAHASSEE, FL 32309 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LASHANDA HATCHER-BAKER | 16171 MAHAN RD. | <input checked="" type="checkbox"/> Add |
| | | TALLAHASSEE, FL 32309 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

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 Jan 19, 2021

Intermed. 1/1/18
Signature of a member or authorized representative of the organization

Signature of a member or authorized representative of a member

LATERRIANCE BAKER

Typed or printed name of signee

Filing Fee: \$25.00