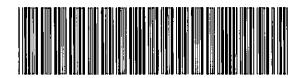
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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations SISTAS RESTAURANT AND LOUNGE LLC SUBJECT: 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 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■ \$**30.00 Filing Fee & ☐ \$55.00 Filing Fee & **№** \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SISTAS RESTAURANT AND LO			one records)	
(Name of the Limit)	(A Florida Limited I.	ny as it now appears or iability Company)	our recorus.)	
The Articles of Organization for this Limited Li Florida document number 1.20000347407	•	were filed on NOVI	EMBER 2, 2020	and assigned
his amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
CAPITAL CITY CARRIERS LLC				
he new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the desig	nation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		16171 MAHAN RI). 	~-2
(Principal office address MUST BE A STREET ADDRES		TALLAHASSEE,	F1. 32309	INO JAN
	<u>.</u>		·	يخ:
				- 19
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16171 MAHAN RI).	
		TALLAHASSEE.	FL 32309	- -
				
				— · · · · · ·
3. If amending the registered agent and/or re		ddress on our reco	rds, <u>enter the name</u>	of the new regis
gent and/or the new registered office addres	s here:			
Name of New Registered Agent:	LATERRIANCE BAKER			
New Registered Office Address:	16171 MAHAN	RD.		
	Enter Florida street address			
	TALLAHASSE	E	, Florida ³²³	609
		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>	Address	Type of Action
AMBR	ASHLEIGH GORÐON	3109 PROSPECT ST.	□Add
		TALLAHASSEE, FL 32301	■Remove
			☐ Change
Auge	ALEXSANDRIA MORGAN	4025 REMER CT	□Add
		TALLAHASSEE, FL 32303	■Remove
AUBR	VALARIE JOINER	4025 REMER CT	□Add
		TALLAHASSEE, FL 32303	Remove
			☐ Change
<u>AMBR</u>	IVORY BAKER	16171 MAHAN	■Add
		TALLAHASSEE, FL 32309	□Remove
HM BIR	LASHANDA HATCHER-BAKER	16171 MAHAN RD.	≣Add
		TALLAHASSEE, FL 32309	□Remove
			Change
			🗀 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)
	·

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	iling.) Pursuant to 605,0207 (3)(b
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day after the
Dated Jan 19 2021.	
Signature of a member or authorized representative of a member	
LATERRIANCE BAKER	

Filing Fee: \$25.00

Typed or printed name of signee