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2021
09/29/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Beauty Bank Spa Lounge
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:

Sauntira R. Gilyard
Name of Person

The Beauty Bank Spa Lounge
Firm/Company

15581 NE 10th Street
Address

Williston, FL 32694
City/State and Zip Code

mslovely33@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toya McCracken at 407 800-5254
Name of Person 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

27 SEP 23 PM 0 9

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
CFO	Toya N. McCracken	15581 NE 10 th Street	<input type="checkbox"/> Add
		Williston, FL 32694	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sauntia R. Gilyard	15581 NE 10 th Street	<input checked="" type="checkbox"/> Add
		Williston, FL 32694	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 filing.) Pursuant to 605.0207 (3)(b)

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.

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.

Dated

9/27/2021

J. McCracken

Signature of a member or authorized representative of a member

Tanya N. McCracken
Typed or printed name of signee

Typed or printed name of signee