

L210000051317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

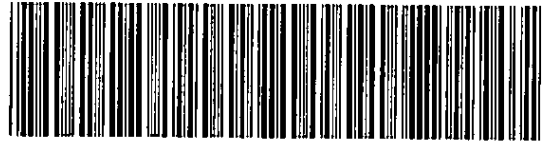
(Document Number)

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*[Signature]*



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2022 OCT -6 PM 4:35

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2022

YOLANDA BENAVIDEZ  
2355 SUMMIT BLVD  
PENSACOLA, FL 32503

SUBJECT: SKINSENSE WAXING SUITE LLC  
Ref. Number: L21000051317

2022 OCT -6 PM 4:35  
FLORENCE, FL 32201

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We have received your document for SKINSENSE WAXING SUITE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$60.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 722A00021635

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Skinsense Waxing Suite LLC

Name of Limited Liability Company

RECEIVED

2022 JUL 11 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yolanda Benavidez

Name of Person

Firm/Company

2355 Summit Blvd

Address

Pensacola FL 32503

City/State and Zip Code

Jadeswaxbar@gmail.com

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

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For further information concerning this matter, please call:

Yolanda Benavidez

Name of Person

at ( 850 )

Area Code

712-1041

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**

**SkinSense Waxing Suite 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 January 27th 2021 and assigned Florida document number L21000051317

This amendment is submitted to amend the following:

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

**Jades Wax Bar 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED  
MAR 22 2016  
FBI - TAMPA

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

I, Yolanda Benavidez currently own and operate SkinSense Waxing Suite LLC. After careful consideration and alot

Of thought for the future of this business I want to rebrand and change my name to Jades Wax Bar LLC. This is in preparation for this business future

I am hoping that if someone can contact me via email @jadeswaxbar@gmail.com for all other correspondence

Regarding this matter, I will need to know if I have to file a new EIN or if I get to keep the current one associated \

With skinsense waxing suite LLC, I have to the best of my abilities filled this form out in it's entirety. Thanks so

Much, Yolanda Benavidez 850-712-1041

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**E. Effective date, if other than the date of filing: June 28th 2022 (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

06/29/2022

Yolanda Benavidez

Signature of a member or authorized representative of a member

Yolanda Benavidez

Typed or printed name of signer