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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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STALLAHASSEE, FL

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
aunicae .	ending Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Chasity Jules		
		Name of Person	
		Firm/Company	
	493 Sapphire Dr.		
		Address	
	Davenport/FLORIDA 3383	37	
	Anayaserves@gmail.com	City/State and Zip Code	
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report noti all:	dication)
Chasity Jules		407 989 1277	
Name	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of P.O. Box 63	Corporations 27	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



March 7, 2022

CHASITY ANAYA JULES 493 SAPPHIRE DRIVE DAVENPORT, FL 33837

SUBJECT: ANAYA'S VENDING SERVICES LLC

Ref. Number: L21000116903

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign/date and type print your name in the spaces provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 622A00005445

Irene Albritton
Regulatory Specialist III

www.sunbiz.org



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2021

RECEIVED .

CHASITY ANAYA JULES 493 SAPPHIRE DRIVE DAVENPORT, FL 33837

2022 MAR -4 AM 8: 03

SUBJECT: ANAYA'S VENDING SERVICES LLC

Ref. Number: L21000116903

SECTE ANY EFSTATE TALLAHASSEE, FL

We have received your document for ANAYA'S VENDING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please complete/submit the form in its entirety as there are pages missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist III

Letter Number: 521A00024648

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anaya's Vending Services LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on March 11,2021	and assigned
Florida document number L21000116903		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Beautified By Anaya LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- 181 
		10 E 1
		7
Enter new mailing address, if applicable:		题。 下
(Mailing address MAY BE A POST OFFICE BOX)		SEOF
	100	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Negative office Marca.	Enter Florida street address	
	, Florida	
<del>-</del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am for covided for in Chapter 605, F.S. Or,	amiliar with and if this document is

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
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ective date, if other than to effective date is listed, the date	he date of filir	ng:			(optional)	
te: If the date inserted in this	block does not	meet the applical	ble statutory fi	r more than 90 da ling requirement	nts, this date wil	l not be listed
cument's effective date on the	Department of	State's records.				
cord specifies a delayed effec	tive date but no	ot an effective tin	ne. at 12:01 a.i	n, on the earlie	rof:(b) The 9	Oth day after th
s filed.	and daily out in				,	•
March 9th		2022		$\setminus$ $\cap$	\/	
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					<del>/</del>	
		a member or author	· ·	<u>、</u> ノ		

Filing Fee: \$25.00