

# 121000131084

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05/07/21--01004--005 \*\*25.00

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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	ECT:
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Elisabeth A. TOFFA Name of Person
	Jolie African Braids Firm/Company
	3390 Kori road zacksonville FL 32257
	Sa(K Son ville FL 32257  City/State and Zip Code  Photograph of January (Code)  E-mail address: (to be used for fluture annual report notification)
For fur	ther information concerning this matter, please call:
	Flisabeth A-TOFFA at (240) 408-9145 or 9043331789  Name of Person Area Code Daytime Telephone Number
. /	ed is a check for the following amount:  5.00 Filing Fee  \$\Bigsquare \$55.00 Filing Fee & Book Service

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000131084}{L}$ .	were filed on March 19, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3390 Kori road zacksonville FL 322
(Principal office address MUST BE A STREET ADDRESS)	Unit-4
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3390 Kori road unit 4 zacksonville FL 32257
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	oddress on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Floridu street address
<del></del>	, Florida
No., Boring Annual Cincerns of Annual Design	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

New Registered Agent 5 Signature, it 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGA	Elisabeth A TOFFA	5959 Buchley drive Jackson	DVILLE DANGE
			□ Remove
			Change
MGB	Dary BAD AFIA	5959 Buckley drive Jackso	Add Add
		<del></del>	□Remove
			□Change
			🗀 Add
			🗆 Reтюче
			□Change
		<u></u>	🗆 Add
			🗆 Rетюче
			🗆 Change
<del></del>			□Add
			□Remove
		*****	□Change
			□Add
			□Remove
			□Change

	her information, enter change(s) here: (Attach additional sheets, if necessary.)  ONU EIN ON SUNDIZ 86-1921656
Update	ny mailing address from 5959 Buckieley zacksonville FL 32244 to
	Kori road unit Li zacksonville Horida
ote: If the date inso	her than the date of filing:
ecord specifies a do is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ded	04   2021.  Signature of a member or authorized representative of a member
	EUSabeth A. TOFFA Typed or printed name of signce

Filing Fee: \$25.00

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ELISABETH ARMANDE TOFFA JOLIE AFRICAIN BRAIDS 3390 KORI ROAD UNIT 4 JACKSONVILLE FL 32257 Date of this notice: 02-11-2021

Employer Identification Number: 86-1921656

Form: SS-4

Number of this notice: CP 575 6

For assistance you may call us at 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-1921656. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

#### IMPORTANT REMINDERS:

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- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is TOFF. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.