

KZ1000131084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

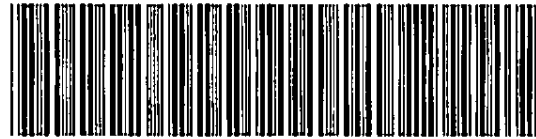
(Business Entity Name)

(Document Number)

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2021 AUG 26 PM 2:37

FILED

Handwritten signature: *Albritton*

AUG 21 2021  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jolie African Braids LLC  
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:

Elisabeth A Toffa  
Name of Person

Jolie African Braids LLC  
Firm/Company

3390 Kori road Unit 4  
Address

Jacksonville Florida 32257  
City/State and Zip Code

elisabethtoffa@yahoo.fr  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisabeth A Toffa at (240) 608 9145  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED

2021 AUG 26 AM 11:11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2021

ELISABETH A. TOFFA  
3390 KORI ROAD  
UNIT 4  
JACKSONVILLE, FL 32244

SUBJECT: JOLIE AFRICAN BRAIDS LLC  
Ref. Number: L21000131084

We have received your document for JOLIE AFRICAN BRAIDS 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 current name of the entity is as referenced above. Please correct your document accordingly.

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 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 II

Letter Number: 421A00018613

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Jolie African Braids LLC

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

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2021 AUG 26 PM 2:37

The Articles of Organization for this Limited Liability Company were filed on 08/18/2021 and assigned Florida document number L21000131084

This amendment is submitted to amend the following:

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

Jolie African Braids Limited Liability Company

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

~~3390 Kori Road~~ <sup>FL</sup> 3390 Kori road  
Unit 4 Jacksonville FL 32257

Enter new mailing address, if applicable:

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

3390 Kori road unit 4  
Jacksonville FL 32257

**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:

Elisabeth A Toffa

New Registered Office Address:

3390 Kori road unit 4

Enter Florida street address

Jacksonville

City

Florida

32257

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>
AMBA	Elisabeth A Toffa	3390 Kori rd unit 4 Jacksonville Florida 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dary Bad AFIA	3390 Kori rd unit 4 Jacksonville FL 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Correct business name from Jolie African Braids  
to Jolie African Braids

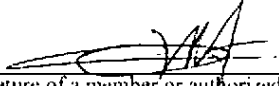
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 08/18/2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Elisabeth A Toffa  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00