

L21 000 293080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

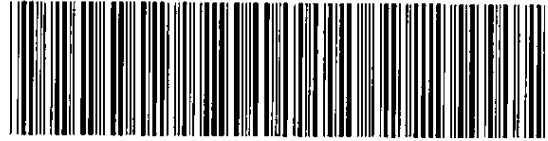
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NOV 15 2023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sips N Tips Beauty & Nail Bar
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:

Marquette Brooks
Name of Person
Sips N Tips Beauty & Nail Bar
Firm/Company
1012-16 Margaret St 114
Address
Jacksonville, Florida 32204
City/State and Zip Code
hello@coffeetimebeaute.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Marquette Brooks at (904) 606 4477
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION

SIDS N TINS Beauty, & Nail Bar LLC

23 FEB 15 4:11:07

me 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 6/24/2021 and assigned
Florida document number L21000293080.

This amendment is submitted to amend the following:

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

Coffee Time Beaute & Nail Salon 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)

1012 Margaret St #114
JACKSONVILLE Florida 32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7055 Blanding Blvd #440216
JACKSONVILLE Florida 32244

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:

SAME

New Registered Office Address:

SAME

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>
AMBR	MKK TRUST	1200 440266	<input checked="" type="checkbox"/> Add
		7055 Blanding Blvd	<input type="checkbox"/> Remove
		#440266 Jacksonville	<input type="checkbox"/> Change
AMBR	MAB TRUST	FL 32244	<input checked="" type="checkbox"/> Add
		7055 Blanding Blvd	<input type="checkbox"/> Remove
		#440266	<input type="checkbox"/> Change
		Jacksonville FL 32244	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove

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11/15/23

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.

Dated 11/15/23 .

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00