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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	Registration Se Division of Cor			
CHDIC		E BEAUTY LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		JEANETTE SIFONTE		· 7025
			Name of Person	20 MH 2
			Firm/Company	
	375 EMERSON PLAZA, UNIT 1112			
	Address			
		ALTAMONTE SPRINGS	, FL 32701	
		SONNETTEBEAUTY@G		
Γ	:_		to be used for future annual report notifica	tion)
		concerning this matter, please c		
JEANETTE SIFONTE			407 729-9442 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed	is a check for th	he 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 Addres Registration S	Section	Street Address: Registration Section	on
	Division of C P.O. Box 632		Division of Corpo The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SONNETTE BEAUTY LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000394401</u>	were filed on SEPTEMBER 3, 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 Liabil	lity Company," the designation "LLC" or the abb	reviation "EEGC."
Enter new principal offices address, if applicable:	375 EMERSON PLAZA, UNIT 1112	
(Principal office address MUST BE A STREET ADDRESS)	ALTAMONTE SPRINGS, FL 32701	· 3 r
		1 1
Enter new mailing address, if applicable:	375 EMERSON PLAZA, UNIT 1112	F2 C
(Mailing address MAY BE A POST OFFICE BOX)	ALTAMONTE SPRINGS, FL 32701	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new <u>registere</u>
Name of New Registered Agent:		
New Registered Office Address:	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if other If an effective date is listed, Note: If the date inserted document's effective da	the date must be speci d in this block does	f filing: ific and cannot b s not meet the	applicable statu	filing or more that story filing requ	option: 1 90 days after file rements, this d	ing.) Pursuant to	 605.0207 listed as
e record specifies a delay ord is filed.	ed effective date, b	out not an effe	ctive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day	after the
Dated		, <u>2022</u>	T.				
		_					

Filing Fee: \$25.00

## State of Florida Department of State

I certify from the records of this office that SONNETTE BEAUTY, LLC is a limited liability company organized under the laws of the State of Florida, filed on September 3, 2021, effective September 1, 2021.

The document number of this limited liability company is L21000394401.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on February 1, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of February, 2022



Kainuly Ru-Secretary of State

Tracking Number: 8252202097CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication