

122 000027388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

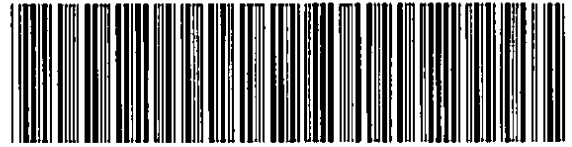
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

no signature

Office Use Only



500384001365

03/24/22--01014--007 \*\*25.00

FILED  
2022 APR 25 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

MAY 02 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Step 2*  
RECEIVED

2022 APR 25 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FL

April 7, 2022

JONATHAN SIFUENTES  
8306 MILLS DR, #125  
MIAMI, FL 33183

SUBJECT: SINCERITY SALON SUITES, LLC  
Ref. Number: L22000027388

We have received your document for SINCERITY SALON SUITES, 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):

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

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 322A00008050

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sincerity Salon Suites, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following.

Jonathan Sifuentes  
Name of Person

Sincerity Salon Suites, LLC  
Firm Company

8306 Mills Dr #125  
Address

Miami, FL 33183  
City, State and Zip Code

sinceritysuitses@gmail.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call.

Jonathan Sifuentes at ( 786 ) 499-9305  
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 (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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 APR 25 AM 10: 29

SECRETARY OF STATE  
TALLAHASSEE, FL

Sincerity Salon Suites, LLC

(Name 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 1/12/2022

and assigned

Florida document number L22000027388

This amendment is submitted to amend the following:

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

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)

8350 NW 52nd ter  
Suite 301  
Doral, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

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>
MGR	Jonathan Sifuentes	8306 Mills Dr	<input type="checkbox"/> Add
		Suite 125	<input type="checkbox"/> Remove
		Miami, FL 33183	<input checked="" type="checkbox"/> Change
MGR	Cristalle Memoli	7611 SW 147th Ct	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Miami, FL 33193	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

EIN 87-4652315 to be updated

---

---

---

---

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

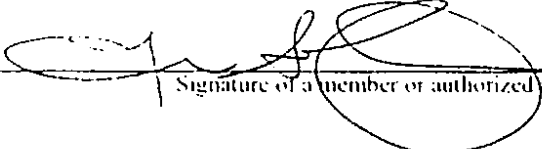
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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 March 9

, 2022

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

Jonathan Sifuentes

\_\_\_\_\_  
Typed or printed name of signer