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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

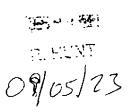
Office Use Only



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2023 SEP -5 PH 12: 4





IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY E ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO:

PHYSICAL: Dept. of State Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, August 25, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: JACKYBEAUTYBAR LASHES, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502 2023 SEP -5 PM 12: 40

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	ect: <u>Jackyb</u>	EAUTYBAR LASHES.	LLC		
		Name of Lim	ited Liability Company		
Thu an	alacad Amialac of	Amandment and Easter are sub-	mittal fixe filing		
		Amendment and fee(s) are sub indence concerning this matter	_		
ricasc	return an correspo	notice concerning this matter	to the following.		
		Corpor	ate Maintenance Le	ad	
			Name of Person		
		Proc	essing Department		
			Firm/Company		202 AIE
1450 Vassar St				BIYIĞIDK Ö 2023 SEP	
			Address		BIVISION OF CONT 2023 SEP -S F
			Reno, NV 89502		1 PP
			City/State and Zip Code		PM 12: 40
		E-mail address: t	to be used for future annual report notif	ication)	10
For fur	ther information c	oncerning this matter, please c	all:		
	Process	ing Department	at (800) 638-2320		
		f Person	Area Code Daytimo	e Telephone Number	
Enclos	ed is a check for th	ne following amount:			
☑ \$2	5.00 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 Sta Certified Copy radditional copy is er	tus &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACKYBEAUTYBAI		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 07/13/22	and assigned
Florida document number L22000311349		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
KOKOA BEAUT		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	1071 Veleiros Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Deerfield Beach. FL 33064	
		20
Enter new mailing address, if applicable:		2023 SEP -5 1
(Mailing address MAY BE A POST OFFICE BOX)		, 5 62
B. If amending the registered agent and/or registered offi	ice address on our records, enter	
registered agent and/or the new registered office address here:		0
Name of New Registered Agent:		
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	5.49	enger our

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	·	***************************************	Remove
			Change
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If amending any other information, enter changers) here		
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	40	
Effective date, if other than the date of filing: N/A (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records	cable statutory filing requirements, this date will not be listed	207 (i Las th
he record specifies a delayed effective date, but no The 90th day after the record is filed.		rof:
Dated 08 /25/23		
Mulas		
Signature of a member or with	norized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00