

L24000417961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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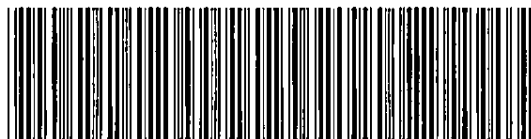
(Business Entity Name)

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SECRETARY OF STATE
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MGR NAME INCOMPLETE

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:

Cyrille Sineus Junie

Name of Person

DJINA BEAUTY CARE, LLC

Firm/Company

2175 NE 56TH ST APT 109

Address

FORT LAUDERDALE , FL 33308

City/State and Zip Code

juniecyille8@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cyrille Sineus Junie

321

361-1100

at (_____) _____

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

THE COMPLETE TITLE MGR IS: CYRILLE SINEUS JUNIE.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: 09-25-2024 (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 10-26-24, _____

Signed _____

Signature of a member or authorized representative of a member

Junise Cyrille Sineus
Typed or printed name of signee

Typed or printed name of signee