

L11000 144904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

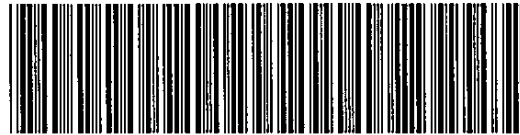
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 26 2015
J. HARRIS

JOHN R. SAMAAN, P.A.

ATTORNEY AT LAW

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ORANGE COUNTY
337 N. FERN CREEK AVENUE
ORLANDO, FLORIDA 32803
407.740.0500 - 407.893.8151 FAX

SEMINOLE COUNTY
1220 COMMERCE PARK DR., STE. 207
LONGWOOD, FLORIDA 32779
407.740.0500 - 407.893.8151 FAX

August 18, 2015

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Re: Swag Décor; LLC, document number L 11000144904, and
Swag Décor Rentals, Inc., document number P 14000026184

To Whom it May Concern,

Enclosed please find documents for amending the above described entities:

1. *Swag Décor, LLC (L 11000144904)*: Enclosed are the Articles of Amendment, changing the name of the entity to "Shane Myers, LLC" and changing the address for the registered agent. I have also enclosed a check in the amount of \$35.00.
2. *Swag Décor Rentals, Inc. (P 14000026184)*: Enclosed are the Articles of Amendment, changing the name of the entity to "S Myers, Inc." and changing the address for the registered agent. I have also enclosed a check in the amount of \$25.00.

If you have any questions about the foregoing, please call me at (407) 740-0500.

Sincerely,



John R. Samaan

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swag Decor, LLC

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:

Shane Myers

Name of Person

Firm/Company

10330 Pocket Lane

Address

Orlando, Florida 32836

City/State and Zip Code

shanemyers73@gmail.com

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

For further information concerning this matter, please call:

Shane Myers

321 662 6649
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Swag Decor, 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 12/28/2011 and assigned
Florida document number L11000144904.

This amendment is submitted to amend the following:

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

Shane Myers, 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:

10330 Pocket Lane

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Florida 32836

Enter new mailing address, if applicable:

10330 Pocket Lane

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, Florida 32836

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TALLAHASSEE, FLORIDA

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:

Shane Myers

New Registered Office Address:

10330 Pocket Lane

Enter Florida street address

Orlando

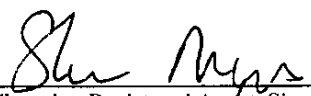
City

Florida 32836

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	Shane Myers	10330 Pocket Lane	☐ Add
		Orlando, Florida 32836	☐ Remove
			☒ Change
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			☐ Change

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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: August 18, 2015 (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 August 18 2015

Shu Ng
Signature of a member or authorized representative of a member

Shane Myers

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA