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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:

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COVER LETTER

TO: 'Registration So Division of Cor			
	UTY SUPPLY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SAINT ANIE FERTIL		
		Name of Person	
	SWL BEAUTY SUPPLY,	LLC	
	-	Firm/Company	
	12285 COLLIER BEVD. U	JNIT 2/101	
		Address	
	NAPLES, FL 34116		
For further information of	E-mail address: (concerning this matter, please ca	to be used for future annual report notif all:	icanon)
SAINT ANIE FERTIL		239 687-6198	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

our records.) 06/28/2017 nation "LLC" or the a	and assigned
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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>	Type of Action
MGR	SANNTHIA FERTIL	12285 COLLIER BLVD, # 2/101	
		NAPLES, FL 34116	■ Remove
			□ Change
MGR	MARCILE FERTIL	12285 COLLIER BLVD. # 2/101	
		NAPLES, FL 34116	☐ Remove
			Change
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ffecti	ve date, if other than the date of filing: (optional)			
l`an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date	Pursuan	t to 605 be list	5.0207
	ent's effective date on the Department of State's records.	AIII IIO	OC 1181	cu as
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the	earli	er of
	90th day after the record is filed.			
	OCTOBER 31 2017			
Dated				
Dated	()			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00