1700068179

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



400305012054

400305012054 18/27/17--91031--923 #25.00

Office Use Only

OCT 3 0 2017 Y SULKER

COVER LETTER

Divi	ision of Corp	porations		
SHR IFCT:	Dragonfly Towel Company, LLC Name of Limited Liability Company			
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Mario Menendez		
			Name of Person	
		Jurado & Farshchian, P.L.		
			Firm/Company	
		12955 Biscayne Boulevard	1, Suite 328	
		-	Address	
		North Miami, Florida 3318	31	
			City/State and Zip Code	
		mario@jflawfirm.com		
			to be used for future annual report noti	(fication)
For further in	iformation co	oncerning this matter, please ca	ill:	
Mario Mene	ndez		305 921-0440	
	Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

Dragonfly Towel Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(// Fiding	Sinned Elability Company)
The Articles of Organization for this Limited Liability (ompany were filed on March 27th, 2017 and assigned
Florida document number L17000068179	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ted liability company here:
FaceSoft Towel Company, LLC	
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADD	ESS)
	7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
3211001011022	
R If amending the registered agent and/or regis	tered office address on our records, enter the pame of the
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida -
 -	City Zip Code
New Registered Agent's Signature, if changing Registere	l Agent:
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with amplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
	1

Page 1 of 3

R = N $R = N$	lanager Authorized Member		
	Name	<u>Address</u>	Type of Action
		<u></u>	□ Add
			□ Remove
			Change
			
			Remove
			□ Change
			□ Remove
			Change
			
			□ Remove
			↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
· · · ·	 		
			□ Remove
			□ Change
_	 		
			Remove

		-						
							- 1	
			·				Ť	
-			<u> </u>				 ¦	
			_					
							}	
	·		-					
	_							
							1	
					-		<u>'</u> i	ĺ
		·		<u></u>				
			<u></u>			,		
	 .		·		· · · · · ·			7
						:.	<u></u>	4
						••	, V	2
							· حدد	,
						,, `	AH :8:	
ective date, if other than the d effective date is listed, the date must t	e specific and ca	annot be prior to o	date of filing or n	ore than 90 days	o ptional) after filing.) P	ursunni	to 60 5.	.020
e: If the date inserted in this bloc ument's effective date on the Dep	k does not me	et the applicabl	e statutory filin	g requirements,	, this date wi	il not	be H Ste	d a
union s criective date on the Dep	arunent of Sta	ie s recurus.						
record specifies a delayed	effective da	te but not a	an offective !	ime at 12:0	11 2 00 00	tho	aaslia	
he 90th day after the recor	d is filed.	te, out not c	in checure .	inne, at 12.0)1 a.iii. U	i tiit	come	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
								-
October 18th	·	2017						-
/1/1	/							
	//2				.			
5	Rummie of 9 we	moet or authoriz	ed representative	or a member				1