## LD9000099011

| (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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**EXAMINER** 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Mahilace Nigs, LLC. Samuel Velverson 2530 NE 15th Ave. Wilton Monors, P2. 33305 776.877.0887 Edoulace dlive.com

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FABULACEWIGS, 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 OCTOBER 14TH, 2009 and assigned Florida document numberL09000099011                             |
| This amendment is submitted to amend the following:   |
| A. If amending name, enter the new name of the limited liability company here:  |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".                                     |
| Enter new principal offices address, if applicable:   |
| (Principal office address MUST BE A STREET ADDRESS)   |
|   |
| Enter new mailing address, if applicable:   |
| (Mailing address MAY BE A POST OFFICE BOX)  |
|   |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: |
| Name of New Registered Agent:   |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address:  |
| Florida T   |
| City Sip 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address** Type of Action Title Name MGRM ROSEMARIE G. WISNER ☑ Add ☐ Remove 4295 REFLECTIONS PKWY. SARASOTA, FL. 34233 ☐ Add Remove ☐ Add Remove ∏Add  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member D. JOHNSON Typed or printed name of signee

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