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2017 JUL 17 PH 4: 30 SECRETARY OF STATE

K. SALY JUL 18 2017

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CT:	GEAUTY AND W	DAX ING LLC ted Liab (hy Company	
The enc	losed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please r	eturn all correspond	dence concerning this matter t	to the following:	
		Angrise A	Mana of Parson	··
			Firm/Company	
		2506	So. Macoll Aus	Ste C
		TAMPA, F	City/State and Zip Code	
		P	o be used for future annual report notifi	.
For furt	her information cor	ncerning this matter, please ca		Carring
	Δ	M	at (<u>813</u>) <u>447 - 6</u> Area Code Daytime	099 9 Telephone Number
Enclyse	, d is a check for the	following amount:		
		☐ \$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, F1, 32301

ARTICLES OF AMENDMENT TO

2017 JUL 17 PM 4:30 ARTICLES OF ORGANIZATION **OF** The Articles of Organization for this Limited Liability Company were filed on 03/09/0010 and assigned Florida document number <u>L 1 00000 2 6 5 3 6</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:

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:	<i>\\/</i> _	<u> </u>
New Registered Office Address:	Enter Florida street add	tress
	City	FloridaZin Code

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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.

() / A Changing Registered Agent, <u>Signature of New Registered Agent</u>

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 = Aut	horized Member		
Title	Name	Address	Type of Action
Mgr	CYNTHIA MITCHEL	L 27724 Kirkwood Cir WELFY Chapel, Fl 3754	DAdd
	•	WESLEY ChAPEL, Fl 3754	4 □ Remove
4			Change
AGR _	JUAN SANCHEZ	27724 KIRKWOWN (PR WESTY RAPEL, F1 33540	D Add
		WESSY (HAPE, F1 33540	H C Remove
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. II ainei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	7/13/2017
	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
	Signature of a member or authorized representative of a member
	Angelica Morrod Typed or printed name of Figure
	Typed or printed name of Figure

Page 3 of 3

Filing Fee: \$25.00