

L100000684666

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 20 2012

EXAMINER



000238527670

08/17/12--01026--015 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 17 PM 3:26

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FaceLifters L.L.C.
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:

Gary S. Swailes

Name of Person

Swailes Re-Face It

Firm/Company

101 S. Old Coachman Rd. #903

Address

Clearwater Florida, 33765

City/State and Zip Code

swailes.g@gmail.com

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

For further information concerning this matter, please call:

Gary S. Swailes

Name of Person

at (727)

804-1689

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

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 AUG 17 PM 3:26

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

FaceLifters L.L.C.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 17 PM 3:28

The Articles of Organization for this Limited Liability Company were filed on 08/12/2010 and assigned
Florida document number L10000084666.

This amendment is submitted to amend the following:

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

Swalles Re-Face It L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

101 S. Old Coachman Rd.
903
Clearwater Florida, 33765

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

101 S. Old Coachman Rd.
903
Clearwater Florida, 33765

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: Gary S. Swalles

New Registered Office Address: 101 S. Old Coachman Rd # 903
Enter Florida street address

Clearwater, Florida 33765
City 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

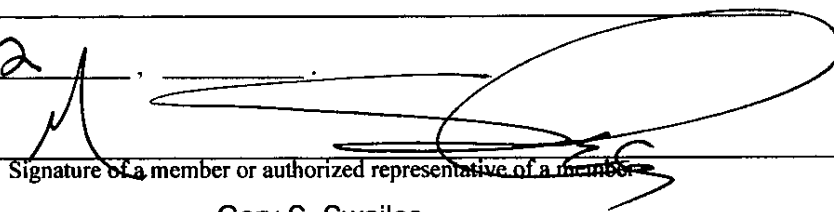
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated 8-15-2012



Signature of a member or authorized representative of a member

Gary S. Swailes

Typed or printed name of signee