1100000114446

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

Office Use Only



600188187286

11/38/18--81017--019 **35.80

TO NOV 30 PH 12: 18

B. KOHR NOV **3 0** 2010

EXAMINER

DIVISION OF CORPORATIONS

10 NOV 30 PH 2: 41

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

CORPORATION NAME(S) & DOCUM	Office Use Only IENT NUMBER(S), (if known):
I. FLAT TOPS (Corporation Name)	E E LACEZ LCC (Document#)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4.	(Document #)
(Corporation Name) Walk in Pick up time	(Document #) 2.00
☐ Mail out ☐ Will wait	Photocopy Certificate of Status Office One Cody
NEW FILINGS Profit	AMENDMENTS A LOCAL Amendment
Not for Profit Limited Liability Domestication Other	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement
3	Trademark Other
CP2F031/7/07\	Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAT TOPS & LACEZ, LLC

(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document numberL1000011444		MBER 3, 2010 and assigned
This amendment is submitted to amend the follow	ing:	50 G
A. If amending name, enter the new name of the	ne limited liability company here:	ં સ
ı	FADED LACEZ, LLC	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
B. If amending the registered agent and/or registered agent and/or the new registered office.	registered office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		, Florida
	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>	Type of Action		
	Add Remove		
	Add Remove		
	Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_		
			
	_		
Dated			
Signature of a member or authorized representative of a member			
RODERICK MACK - MEMBER Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00