# L13000135873

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400255630044

01/17/14--01010--001 \*\*25.00

2014 FEB -3 AM 9: 19
SECRETARY OF STATE

FEB = 4 2013 T. HAMPTON

## COVER LETTER

TO: Registration Section **Division of Corporations** Tangy Cosmetics LLC 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: Nancy J. Flint, Esq. Nancy J. Flint, Attorney At Law, P.A. 1844 N. Nob Hill Road, #424 Plantation, Florida 33322 City/State and Zip Code nancy@flintiplaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nancy J. Flint at  $(\frac{954}{\text{Area Code}}) \frac{812\text{-}0660}{\text{Daytime Telephone Number}}$ Name of Person Enclosed is a check for the following amount:

MAILING ADDRESS:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)



January 21, 2014

NANCY J FLINT, ESQ NANCY J FLINT, ATTORNEY AT LAW PA 1844 N NOB HILL RD - # 424 PLANTATION, FL 33322

SUBJECT: TANGY COSMETICS LLC

Ref. Number: L13000135873

We have received your document for TANGY COSMETICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 114A00001344

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tangy Cosmetics LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records,) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L13000135873	Company were filed on 09/26/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
SMOB LLC		
The new name must be distinguishable and end with the words "Lir	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regis registered agent and/or the new registered office add		FILED the new SECRETARY DF STATEMENT TALLAHASSEE. FLORIENT INTERPRETATION OF THE NEW PARTY DE STATEMENT DE ST
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
-	Florid	a
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> <u>Address</u> □ Add ☐ Remove \_□ Add \_□ Remove □ Add \_□ Remove □ Add ☐ Remove Remove ڢ □ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

If amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of a (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depa	to date of receipt or filed date and cannot be more than 90 days after
Dated January 29	2014
Maller	S fluid
Nancy J. Flint, Esc	of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB -3 AM 9: 19
SECRETARY OF STATE