L14000193271

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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15 JUL 20 AM 7: 39
SECKETARY OF STATE
SECKETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Sade		LLC ed Liability Company	<u></u>
		and an arranged the second sec	
The enclosed Articles of Art	nendment and fee(s) are subm	uitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Sharda	Hunter Name of Person	
		Firm/Company	
	P. O. Box	161431 Address	
	_ Fort Lau	Cleverale FL. 33 City/State and Zip Code	310_
		e yanov. ecm be used for future annual report notificat	ion)
For further information cond	cerning this matter, please call	1:	
Sharday Hy Name of Po	NHV rson	at (<u>786</u>) <u>202 - 33</u> Area Code Daytime Te	9 Olephone Number
Enclosed is a check for the	ollowing 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



RECEIVED

FLORIDA DEPARTMENT OF STATE

15 JUL 20 PM 4: 45 Division of Corporations

SECRETARY OF STATE TALLABASSEE, FLORIDA

June 19, 2015

***** 2ND MAILING ***** SHARDAY L HUNTER P O BOX 101431 FT LAUDERDALE, FL 33310

SUBJECT: SADE LASHAWN, LLC Ref. Number: L14000193271

We have received your document for SADE LASHAWN, 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 registered agent must sign accepting the designation.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 015A00012134



RECEIVED

15 JUN 18 PM 3: 42

SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE ALLAHASSEE, FLORIDA

Division of Corporations

June 10, 2015

SHARDAY L HUNTER 2024 NW 55 WAY LAUDERHILL, FL 33313

SUBJECT: SADE LASHAWN, LLC Ref. Number: L14000193271

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Tammy Hampton Regulatory Specialist III

Lotter Hambon, o

Letter Number: 015A00012134

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sade Lashaun, L	LC PER 15
(Name of the Cimited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1460019327	E.F.C
This amendment is submitted to amend the following:	RATE 39
A. If amending name, enter the new name of the limited lial	bility company here:
Septum Sisters LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	185 South Palm Dr.
(Principal office address MUST BE A STREET ADDRESS)	Baynton Beach, Hurida 33430
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 101431 Fort Lauderdale, FL. 33310
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent: New Registered Office Address: 185	Marchay Hunter South Falm Or Enter Florida street address
Bunto	n Beach, Florida 33435 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

. 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 = Ma	nnager, ithorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
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		·	SECRETARY OF SHATE ROOM
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if neces.		
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Note:	tive date, if other than the date of filing:(option flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fig. If the date inserted in this block does not meet the applicable statutory filing requirements, this continues the statutory filing requirements.	late will not be listed	207 (3)(1 as the
docu	ment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.s e 90th day after the record is filed.	m. on the earlier	of:
Dated	16-25-2015		
	drang that	- 72 5	
	Signature of a member or authorized representative of a member Sharday Hunter Typed or printed name of signee	JUL 20 ECRETARY LLAHASS	- STATE OF
	Page 3 of 3	AM 7: 39 EE. FLORIE	
	Filing Fee: \$25.00	RIE RIE	