

# L15000207067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

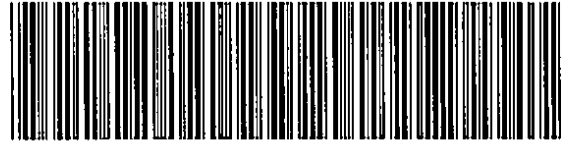
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 APR -8 PM 2:18

CLERK OF STATE  
JULIA J. JONES

*Amend/name change*

APR 11 2019  
CLERK OF STATE

March 5, 2019

To: Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

From: The Lady & Her Pearls, LLC (L15000207067 – Date File: 12/14/15)  
Margaret L. Smith- Williams (Registered Agent)  
3020 NW 176<sup>th</sup> Street  
Miami Gardens, FL 33056

REF: The Lady & Her Pearls, LLC Name Amendment

Please see the attached Articles of Amendment requesting the following changes to The Lady & Her Pearls, LLC ((L15000207067 – Date File: 12/14/15)

<b>Name Amendment:</b>	MSW Management Firm, LLC
<b>Principal Office Address Amendment:</b>	16000 Pines Blvd Suite 820635 Pembroke Pines, FL 33082-0635
<b>Registered Office Address Amendment:</b>	16000 Pines Blvd Suite 820635 Pembroke Pines, FL 33082-0635
<b>Mailing Address Amendment:</b>	16000 Pines Blvd # 820635 Pembroke Pines, FL 33082-0635
<b>Email Address Amendment:</b>	<a href="mailto:mswmanagementfirm@gmail.com">mswmanagementfirm@gmail.com</a>

There will be no changes to the registered agent. A money order in the amount of \$30 has been included for the filing fee & certificate of status.

If you have any further questions or concerns, please feel free to contact me at (305) 527-7888 or via email at [mswmanagementfirm@gmail.com](mailto:mswmanagementfirm@gmail.com)

Kind Regards,

  
Margaret Smith-Williams, Registered Agent

RECEIVED  
DIVISION OF CORPORATIONS  
MARCH 11 10 11 AM '19

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Lady & Her Pearls, 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:

Margaret L. Smith Williams

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3020 NW 176th Street

\_\_\_\_\_  
Address

Miami Gardens, Florida 33056

\_\_\_\_\_  
City/State and Zip Code

mawmanagementfirm@gmail.com

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

For further information concerning this matter, please call:

Margaret L. Smith-Williams

305 527-7888  
at ( )

\_\_\_\_\_  
Name of Person

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

19 APR -8 PM 3:18  
STATE  
DIVISION OF CORPORATIONS

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

The Lady & Her Pearls, LLC

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

The Articles of Organization for this Limited Liability Company were filed on L15000207067 and assigned  
Florida document number 12/14/2015.

This amendment is submitted to amend the following:

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

MSW Management Firm, LLC

The new name must be distinguishable and contain 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)**

16000 Pines Blvd

Suite 820635

Pembroke Pines, FL 33082-0635

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

16000 Pines Blvd

#820635

Pembroke Pines, FL 33082-0635

**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:

No changes

New Registered Office Address:

16000 Pines Blvd Suite 820635

*Enter Florida street address*

Pembroke Pines

, Florida

33082-0635

*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**

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 = Authorized 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"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

March 5, 2019

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 5, 2019

Signature of a member or authorized agent

**Margaret L. Smith-Williams**

Typed or printed name of signee