

L16000129664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 JAN 17 PM 12:59

FILED
JAN 17 2017
JAN 17 2017

JAN 19 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Switch Property Leasing, 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:

Wadih Michleb

Name of Person

Switch Property Leasing, LLC

Firm/Company

21154 Sweetwater Lane North

Address

Boca Raton, FL 33428

City/State and Zip Code

woody@woodymichleb.com

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

For further information concerning this matter, please call:

Wadih Michleb

917 780-9270
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

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

Switch Property Leasing 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 07/08/2016 and assigned
Florida document number L16000129664.

This amendment is submitted to amend the following:

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

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)

Woody Michleb Beauty Salon

400 Hibiscus Ave. Suite A

Palm Beach, FL 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida 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 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>
AMBR	James F. Juliano	24 Bennett Ct.	<input checked="" type="checkbox"/> Add
		Swedesboro, NJ 08085	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Roseann Diana	2170 NE 51st Ct.	<input checked="" type="checkbox"/> Add
		Apt. B23	<input type="checkbox"/> Remove
		Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change
AMBR	Martina Louise Kruer	805 N. Olive Ave.	<input checked="" type="checkbox"/> Add
		Apt. 112	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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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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.

Dated January 6th, 2017

Typed or printed name of signee

FILED
JUN 17 1964
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