## L1100000 1155

(Requestor's Nam	ne)
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PICK-UP WAIT	MAIL
(Business Entity I	Name)
(Document Numb	per)
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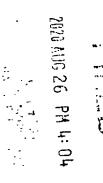


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2020 11 11 12

## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2020

REBECCA WINFIELD TWO ANGELS SOAP AND SHELLS, LLC 22348 OLEAN BLVD PORT CHARLOTTE, FL 33952

SUBJECT: TWO ANGELS SOAPS AND SHELLS, LLC

Ref. Number: L17000001155

We have received your document for TWO ANGELS SOAPS AND SHELLS, 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 name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the document accordingly.

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) 245-6050.

The evers has bun amendent. Thank-you. Queca taliff

Shelia H Young Regulatory Specialist II

Letter Number: 820A00015197

## COVER LETTER . . . .

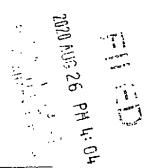
	gistration 80 vision of Co.			
SUBJECT:	_	ls Soaps and Shells, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Anicles of	Amendment and fee(s) are sub	emitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Rebecca Winfield		
		· · · · ·	Name of Person	
		Two Angels Soaps and Sh	ells, LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>
		22348 Olean Blvd.		
			Address	
		Port Charlotte, FL 33952		
		· ,·,	City/State and Zip Code	<u></u>
		twoangelscreativeshells@gi		
			to be used for future annual report no	otification)
For further i	nformation o	concerning this matter, please c	all:	
Rebecca Wi	nfield		352 556-6404	
, <u>, , , , , , , , , , , , , , , , , , </u>	Name (	of Person	at () Area Code Dayti	me Telephone Number
Englosed is a	a check for t	he following amount:		
\$25.00		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)
	iling Addre		Street Address: Registration S	ection
Div	vision of C	Corporations	Division of Co	orporations
P.C	P.O. Box 6327 The Centre of Tallahassee		Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

Two Angels Soap and Shells, LLC		<u> </u>	
(Name of the Limited	Llability Compa Florida Limited I	ny as it now appears on our records.) .iability Company)	
he Articles of Organization for this Limited Liab lorida document number L17000001155		were filed on January 3, 2017 and assigned	
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of t	he limited liab	ility company here:	
wo Angels Soaps, Gallery and Gifts, LLC			
ne new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	ble:	22348 Olean Blvd.	
enter new principal diffees address, it applicable. Principal office address MUST BE A STREET ADDRI		Port Charlotte, Florida 33952	
		22244 Ol DhJ	
Enter new mailing address, if applicable:		22348 Olean Blvd.	
<u>Mailing address MAY BE A POST OFFICE B</u>	<u>OX)</u>	Port Charlotte, Florida 33952	
<ol> <li>If amending the registered agent and/or regent and/or the new registered office address</li> </ol>		address on our records, enter the name of the new regist	
Name of New Registered Agent:		1.000.000.000.000.000.000.000.000.000.0	
New Registered Office Address:	22348 Olean B		
		Enter Florida street address	
	Port Charlotte	, Florida 33952	

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.

City

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>Name</u>	Address	Type of Action
Rebecca Winfield	22348 Olean Blvd.	□Add
	Port Charlotte, FL 33952	□Remove
		<b>■</b> Change
Vernon E Waldron	22348 Olean Blvd.	
	Port Charlotte, FL 33952	□Remove
		€Change
		□Add
		ПRетюче
		□Change
		□Add
	<del></del>	□Remove
		□Change
<del></del>		Remove
		☐Change
***************************************	and the state of t	
		□Remove
	Rebecca Winfield	Vernon E Waldron  22348 Olean Blvd.  Port Charlotte, FL 33952  Port Charlotte, FL 33952

. . . . . . . . . Change

amend the address to 22348 Olean Blvd., Port Charlotte, FL 339	
	<u> </u>
0.4744-7-1-1-1	
tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date	(optional)

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

Signature of a member or authorized representative of a member

1011

record is filed.