

L17000062714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

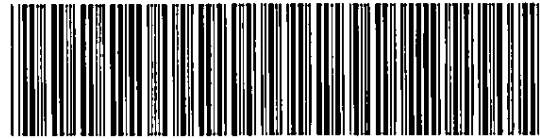
(Business Entity Name)

(Document Number)

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18 NOV 13 PM 3:43

FILED
2018 NOV 13
STATE
RECORDS
DIVISION

NOV 13 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHADES DARKER, 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:

ELISE N Smith
Name of Person

SHISAVVY SRQ, LLC
Firm/Company

1007 MARLIN LAKES CIR APT 322
Address

SARASOTA FL 34232
City/State and Zip Code

SHISAVVY.consulting@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELISE Smith at (941) 726-0609
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

RECEIVED
DIVISION OF CORPORATIONS
JAN 14 2014

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SHADES DARKER, 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 3/20/2017 and assigned
Florida document number L11000062714.

This amendment is submitted to amend the following:

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

SHISAVVY SRQ, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

200 Central Ave Suite 42

Sarasota FL 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1007 MARLIN LAKES CIR APT 322

SARASOTA FL 34232

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: NO CHANGES

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

NO CHANGES

<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
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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.)

INDIVIDUAL PROVIDER OF BEAUTY SERVICES including
the following But not limited to: FACIALS, BODY
TREATMENTS, LASH & BROW SERVICES, SUNLESS AIRBRUSH
TANNING & MORE. These services are performed
by licensed AESTHETICIAN (LE#FB9764629) in a
Professional Setting HOWEVER may be mobile
FOR EVENTS, WEDDINGS, FITNESS COMPETITIONS, FASHION
PHOTOGRAPHY, PAGEANTS etc. SHISAVVY SRQ IS
also referred to as SHISAVVY SKINCARE + CONSULTING.

E. Effective date, if other than the date of filing: NOVEMBER 1ST, 2018 (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 NOVEMBER 1ST, 2018



Signature of a member or authorized representative of a member

ELISE N SMITH

Typed or printed name of signee