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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WACHER GLOBAL SIX 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:
ALEXIS PIETRASZKIEWICZ Name of Person
Firm/Company
5110 MAIN ST Address
WILL, AWSVILLE NY 19221 City/State and Zip Code
ALEXISPIETRA & WA-IL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALEXIS PIETRASZKIEWIZ at (714) 229 - 8922 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee.} \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee.} \text{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

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		B OCT
MALVER /-LOS	M SV LC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	- 5 5
Α)	Florida Limited Liability Company)	0 TT
The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{1}{10}$	
Florida document number 4/800008	<u>933</u> .	严 2
This amendment is submitted to amend the follow	ing:	THE STATE OF THE S
A. If amending name, enter the new name of th	ne limited liability company here:	
LAB TO BEAUTY LLC The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, ent e address here:	er the name of the new
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street address	
	19123	
-	, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MhR	WALKER GLOBAL SOLUTION	S 16736 PRATO WAY	
	OF NAMES,INC	NAPLES FL. 34110	Remove
			Change
			
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		<u>. </u>	Remove
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D. If am	nending any other information, enter change(s) here: (Attach additional shee	tts, if necessary.)	
			
			
Note:	tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	nents, this date will not be liste	.0207 (3)(bed as the
f the re b) The	ecord specifies a delayed effective date, but not an effective time, at e 90th day after the record is filed.	12:01 a.m. on the earlie	er of:
Dated	OCTOBER 3 . 2018 .		
	Signature of a member or authorized representative of a mem		
		41.E	77
	LATHERINE RAGIUS A Typed or printed name of signee	AHASSEI	_
	Page 3 of 3	PM 6: 23 OF STATE SSEE, FL	
	Filing Fee: \$25.00	7 23 TE	