11800033457

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE, FLORID

FILED

S. WARREN MAR 2 7 2018



March 16, 2018

DEBORAH R WOLFSON 3618 W DE LEON ST TAMPA, FL 33609

SUBJECT: LICE LADIES TAMPA BAY, LLC

Ref. Number: L18000033457

We have received your document for LICE LADIES TAMPA BAY, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P11000065074 DRW INCORPORATED.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 818A00005405

COVER LETTER

то:	Registration Sect Division of Corpo					
SUBJI	ect.	Lice Ladies Tampa	Bay, LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
		Deborah R Wolfson				
			Name of Person	•	•	
		Sotawix, LLC				
			Firm/Company		-	
		3618 W De Leon St				
			Address		-	
		Tampa, FL 33609				
		, INVESTIGATION CONTRACTOR	City/State and Zip Code		-	
		liceladiestampabay@	•			
		E-mail address: (to be used for future annual report	notification)		
For fur	ther information cor	ncerning this matter, please ca	all:			
De	borah R Wolfson		813 789-212	24		
	Name of I	Person	Area Code Da	sytime Telephone Number	Γ	
Enclos	ed is a check for the	following amount:		sel :°	letter from	your office mar 16 2018
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	te of Status &	#818 A 2000 5405

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

Lice Ladies Tarripa Day, LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our recability Company)	<u>oras.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number	vere filed onFebruary 6	6, 2018 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ity company here:		
Sotawix, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "I	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3618 W De Leon St		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FI 33609		
Enter new mailing address, if applicable:	3618 W De Leon St		
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FI 33609		
egistered agent and/or the new registered office address here Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street ada	trace	
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	•	
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, covided for in Chapter 60	and I am familiar with and 5, F.S. Or; if this document is	
being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	adress, Thereby confirm	FIL SECRE JAR ALLAHASS	

Page 1 of 3

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>	Type of Action
			Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			T Memove
			SECRE ARY
.			<u> </u>
			FF S A 2. Remove
			☐ Change

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ectiv	re date, if other than the date ctive date is listed, the date must be so f the date inserted in this block d nt's effective date on the Depart	e of filing: specific and cannot be prior to date of filing or more than 90 does not meet the applicable statutory filing requirement of State's records.	(optional) iays after filing.) Pursuant to 605.020 ents, this date will not be listed a
te: I: :ume: recc	ord specifies a delayed effo 90th day after the record i	fective date, but not an effective time, at 1 is filed.	2:01 a.m. on the earlier
te: I: :ume: recc			2:01 a.m. on the earlier
te: I cume reco	March 23	is filed	7 SEC TALL
te: I cume reco	March 23	is filed.	2018 H

Filing Fee: \$25.00