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COVER LETTER

Division of Corporations Lavish Lookz LLC SUBJECT: 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: **Chantel Cook** Name of Person Firm/Company 5340 Summerlin Road 7 Address Fort Myers, FL, 33919 City/State and Zip Code chantelcook14@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Chantel Cook** 887-7169 239 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lavish Lookz LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L18000068909	mpany were filed on March 16, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Lavish Looks Collections LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(223	
		281
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SST m
maning undress MAT DE ATOST OFFICE BOX	- · · · · · · · · · · · · · · · · · · ·	The Total
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B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	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>	Name	Address	Type of Action
MGR	Nicholas P Smith		
		5340 Summerlin Road 7, Fort	D Add
		Myers, FL, 33919	
			☐ Change
			D Add
			Remove
			☐ Change
			Add Add
			Premove Di Remove
			ASSEE Change
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E. Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this be	ist be specific and cannot be prio block does not meet the appli	cable statutory filing requ		
document's effective date on the l	Department of State's records	5.		
f the record specifies a delaye b) The 90th day after the re		ot an effective time,	at 12:01 a.m. o	n the earlier of:
March 28 Dated	2019			
Charle	Signature of Amember or auth	norized representative of a n	nember	
Chantel Cook				
	Typed or prin	ted name of signee		

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Filing Fee: \$25.00