

2180000068909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

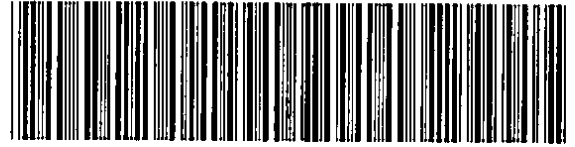
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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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4/9/19 DS

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Lavish Lookz 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:

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

239

887-7169

at ( )

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

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TALLAHASSEE, FLORIDA  
DIVISION OF STATE

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Lavish Lookz LLC

The Articles of Organization for this Limited Liability Company were filed on March 16, 2018 and assigned Florida document number L18000068909

Lavish Looks Collections LLC

**(Principal office address MUST BE A STREET ADDRESS)**

**(Mailing address MAY BE A POST OFFICE BOX)**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida  
City

Zip Code

**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> | <u>Name</u>      | <u>Address</u>                               | <u>Type of Action</u>                      |
|--------------|------------------|--|--|
| MGR          | Nicholas P Smith | 5340 Summerlin Road 7, Fort Myers, FL, 33919 | <input type="checkbox"/> Add               |
|              |                  |  | <input checked="" type="checkbox"/> Remove |
|              |                  |  | <input type="checkbox"/> Change            |
|              |                  |  | <input type="checkbox"/> Add               |
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TALLAHASSEE, FLORIDA

**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.

Dated March 28, 2019

Chaito Chak

Signature of a member or authorized representative of a member

Chantel Cook

Typed or printed name of signee