

L20 000141376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

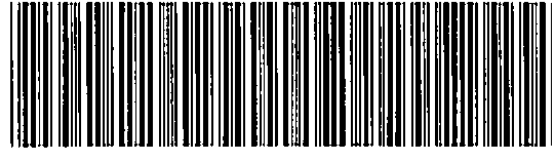
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800348552318

07/22/20 -01037--020 **25

RECEIVED

JUL 14 2020

2020 JUL 14 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FL

AUG 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEAUTYBARTRADING KADZWAY 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:

Kadian Scarlett
Name of Person
BEAUTYBARTRADING KADZWAY LLC
Firm/Company
8024 W Menab rd #40
Address
North Lauderdale, FL 33068
City/State and Zip Code
beautybrain568@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kadian Scarlett 754 2240247
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BEAUTYBARTRADING KADZWAY 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 May 26, 2020 and assigne
Florida document number May 19,2020.

This amendment is submitted to amend the following:

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

SUBTLE ISLAND AROMAS LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8024 W McNab rd #40

North Lauderdale, FL 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8024 W McNab rd #40

North Lauderdale, FL 33068

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new re
agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

8024 W McNab rd #40

Enter Florida street address

North Lauderdale

Florida 33068

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 w
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gianni Smalls	506 Enka Ave	<input type="checkbox"/> Add
		Orlando, FL 32835	<input type="checkbox"/> Remove
		****ADDRESS CORRECTION****	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 JUL 14 PM 8:22
CLERK OF STATE
TALLAHASSEE, FL

FILED
2020 JUL 14 PM 3:22
CLERK OF STATE
TALLAHASSEE, FL

FILED
2020 JUL 14 PM 3:22
CLERK OF STATE
HALL, ALABAMA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated JULY 10, 2020

H. Scarlett

Signature of a member or authorized representative of a member

KADIAN SCARLETT

Kadian Scarlett

Typed or printed name of signee