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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Su	Persors Van Name of Limit	ted Limitity Company	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Picase return all corresponder	nce concerning this matter to	o the following:	
_	Da	Fron Callaway	
		Name of Person	
	Sug	periors Vanity LL Firm/Company	<u>C</u>
		· rumvCompany	
	1147	W 6.th Street	<del></del>
		Address	
	LūKel	City/State and Zip Code	
		City/State and Zip Code	
_	Superiors:	Vanity 28@ gmail. Co be used for future annual report notificat	2w
	h-mail address; (to	o be used for luture annual report notificat	ion)
For further information conce	rning this matter, please cal	II:	
Detron Cal	laway	at (863) 956-69 Area Code Daytime Tel	695
Name of Per	son J	Area Code Daytime Te	lephone Number
Enclosed is a check for the fo	llowing 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 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

Superiors Vanity	LLC
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records.) Lability Company)
ne Articles of Organization for this Limited Liability Company orida document number <u>L 2000 200 252</u> .	were filed on7-13-2020 and assigned
is amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabi	lity company here:
e new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1147 W 6th Street
rincipal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33805
	S 2020
nter new mailing address, if applicable:	<b>20 DEC</b>
failing address MAY BE A POST OFFICE BOX)	
	PH T
	2:
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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	Detron Callaway	1147 W 6th Street	the Add
		1147 W 6th Street Lakeland FC 33805	□ Remove
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Dated_	NOV 30, 2020.  Signature of a member or authorized representative of a member	
	Defrom Callana	
	Simple Control of the	

Filing Fee: \$25.00