

L20000227142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

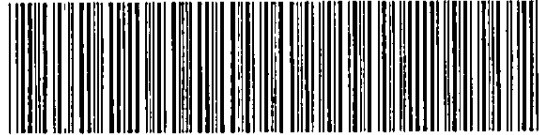
(Document Number)

Certified Copies _____ Certificates of Status _____

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By 3:00 if
That's OK ☺

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08/20/20--01001--022 **55.00

RECEIVED
2020 AUG 19 PM 4:15
2020 AUG 19 PM 1:52

C. GOLDEN

AUG 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Solo Lipz 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:

Lashonda Smith / Stephanie Gibson

Name of Person

Solo Lipz LLC

Firm/Company

4548 Lighthouse Cir

Address

Orlando, FL 32808

City/State and Zip Code

mzsmithunme@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lashonda Smith

Name of Person

at (321) 352-1299

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 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**

SoloLipz LLC

2020 AUG 19 PM 1:52

(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 August 5, 2020 and assigned Florida document number L 20000227142

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

Lashonda Smith

New Registered Office Address:

4548 Lighthouse Cir

Enter Florida street address

Orlando

City

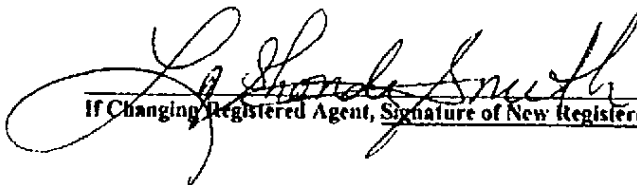
Florida

32808

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	C.L. Smith Ent. Inc.	4548 Lighthouse Cir	<input checked="" type="checkbox"/> Add
		Orlando, FL 32808	<input type="checkbox"/> Remove
		C.L. Smith Enterprises Inc.	<input type="checkbox"/> Change
AP	Carlos Smith	3024 Powers Dr. #182	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Patrice Pridgett	5412 Westland Station Rd	<input type="checkbox"/> Add
		Jacksonville, FL 32244	<input type="checkbox"/> Remove
		change title to MGR	<input checked="" type="checkbox"/> Change
AMBR	LaShanda Smith	4548 Lighthouse Cir	<input type="checkbox"/> Add
		Orlando, FL 32808	<input checked="" type="checkbox"/> Remove
		(listed twice remove one)	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Would like to change Patrice Bridgett's title from AP to MGR

Would like to remove one of the listings for LaShonda Smith, it's listed twice.

Would like to Add C.L. Smith Enterprises Inc. with the title of AMBR

Thanks

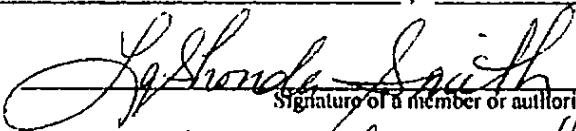
E. Effective date, if other than the date of filing: 7/31/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

LaShonda Smith

Typed or printed name of signee