

K21 000 381325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

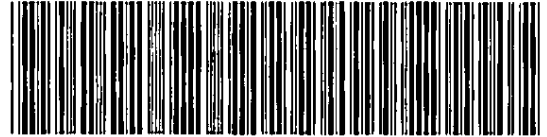
(Document Number)

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TALLAHASSEE, FL  
2021 OCT 18 PM 4:45

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BRUCE  
OCT 19 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2021

SHAUNA LAWRENCE  
630 NW 76TH TERRACE  
PLANTATION, FL 33324

SUBJECT: S&S PEARLIE SMILEZ LLC  
Ref. Number: L21000381325

We have received your document for S&S PEARLIE SMILEZ LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 621A00023904

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S&S Pearlie Smilez 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:

Shauna Lawrence  
Name of Person

S&S Pearlie Smilez  
Firm/Company

630 NW 76<sup>th</sup> Terrace  
Address

Plantation FL 33324  
City/State and Zip Code

snspearliesmilez@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shauna Lawrence at (954) 225-0167  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2021 OCT 18 PM 1:45  
SECRET  
TALLAHASSEE, FL

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

S&S Pearlle Smiley 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 8/25/2021 and assigned Florida document number L21000381325.

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:

Shauna Lawrence

New Registered Office Address:

630 NW 70<sup>th</sup> Terrace

Enter Florida street address

Plantation, Florida 33324

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.

Lawrence

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>
AR	Shauna Lawrence	1030 NW 76 <sup>th</sup> Terrace	<input checked="" type="checkbox"/> Add
		Plantation FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shanique Williams	8320 Kendrick Rd.	<input type="checkbox"/> Add
		Jonesboro, GA 30238	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECURITY OFFICE  
TALLAHASSEE, FL

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TECH: JAG, JAG, JAG  
TALLAHASSEE, FL

2021 OCT 18 PM 4:45  
FEDERAL BUREAU OF INVESTIGATION  
TALLAHASSEE, FL

(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.

Dated September 17<sup>th</sup>, 2021.

Laurence

Signature of a member or authorized representative of a member

Shauna Lawrence  
Typed or printed name of signee

Typed or printed name of signee