L16000095296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

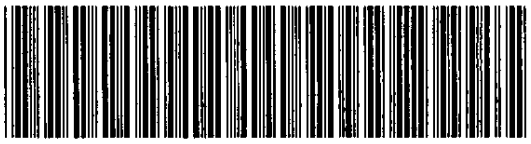
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6/27



700286365727

05/31/16--01016--004 **25.00

FILED
2016 JUN 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN
EXAMINER

JUN 29

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2016

2016 JUN 27 AM 2:43
TALLAHASSEE, FLORIDA

FUNKY AND FABULOUS WITH LULAROE, LLC
ATTN: ELISA CRUZ-TORRES
4820 CAPITAL DR
LAKE WORTH, FL 33463

SUBJECT: FUNKY AND FABULOUS WITH LULAROE, LLC
Ref. Number: L16000095296

We have received your document for FUNKY AND FABULOUS WITH LULAROE, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please provide the title of the person(s) authorized to manage. Page 1 & 2 corrected

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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 116A00012351

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Funky and Fabulous with LuLaRoe, 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:

Elisa Cruz-Torres
Name of Person

Funky and Fabulous with LuLaRoe, LLC
Firm/Company

4820 Capital Dr.
Address

Lake Worth FL 33463
City/State and Zip Code

elisa0916@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisa Cruz-Torres at (561) 632-9273
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Funky and Fabulous with LuLaRoe, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2016 JUN 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/15/2016 and assigned Florida document number (unknown. Filed via LegalZoom. No FL doc # received.)

This amendment is submitted to amend the following: L16000095296

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)

4820 Capital Dr.
Lake Worth, FL 33463

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4820 Capital Dr.
Lake Worth, FL 33463

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: Elisa Cruz-Torres

New Registered Office Address: 4820 Capital Dr.
Enter Florida street address

Lake Worth, **Florida** 33463
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

Title	Name	Address	Type of Action
Mgr.	Susanna Launder	6491 Via Regina Boca Raton, FL 33433	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2006 JUN 27 PM 3:41

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

E. Effective date, if other than the date of filing: _____ (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 May 24, 2016.

Elisa Cruz-Towes
Signature of a member or authorized representative of a member

Elisa Cruz-Towes
Typed or printed name of signee

FILED
2016 JUN 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: $25.00