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SECRETARY OF STATE TALLAHASSEE, FLORID

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K. SALY JAN 27 2017

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Funky and Fubulous with Lula Roe, 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 CVUZ-TOWES Name of Person
Funky and Fabrilous with lula Role, LLC
4820 Capital Dr. Address
Lake Worth, Fl 33463 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elisa Crw-Towes at 561 632-9273  Name of Person at 561 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

## **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

FILED
2017 JAN 26 PM # 34 The Articles of Organization for this Limited Liability Company were filed on May 16, 2016 Florida document number L 160000 952 9 L 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: New Registered Office Address: Enter Florida street address . Florida City

### 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 FILED

2017 JAN 26 PM 4 34

FALLAHASSFE FLORIDA or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** \_□ Add □ Remove ☐ Change □ Remove ☐ Change □ Remove \_□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add \_□ Remove

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Filing Fee: \$25.00