L17000240092

	(Requestor's Name)
	(Address)
	(Address)
	,
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
<u>i</u>	(Business Entity Name)
ļ	(Document Number)
Certif	ied Copies Certificates of Status
Spe	cial Instructions to Filing Officer:
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	Office Lies Only



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COVER LETTER

My Bold T	ype, LLC		
ОВЈЕСТ:		nited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Christina Ricci		
		Name of Person	
	My Bold Type, LLC		
		Firm/Company	
1	260 Buttercup Circle		
		Address	
	Altamonte Springs, FL 32	714	
	1 101-01 (2420 other)	City/State and Zip Code	
	christinaricci247@outlook.d E-mail address: (to be used for future annual re	port notification)
or further information c	oncerning this matter, please c	all:	
hristina Ricci		407 242-; at ()	
Name o	f Person	Area Code	Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Bold Type, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	-
The Articles of Organization for this Limited Liability C Florida document number L17000240092	Company were filed on 11/21/2017 and	I assigned
	<u>—</u> ·	•
This amendment is submitted to amend the following:		ı
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
Capri La Vie Creative, LLC		<u></u>
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	1
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Huning address WAT BE AT OST OFFICE DOA		
B. If amending the registered agent and/or registered	d office address on our records, enter the name of the	new registered
ngent and/or the new registered office address here:	rn m c)	
		1
Name of New Registered Agent:	- 9	
New Registered Office Address:	Enter Florida street address	<u>.</u>
-	, Florida	ode
New Registered Agent's Signature, if changing Registered	d Agent:	
provisions of all statutes relative to the proper and concept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to complete performance of my duties, and I am familiangent as provided for in Chapter 605, F.S. Or, if this conditional address, I hereby confirm that the limited lie	with and locument is
	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>	Address	Type of Action
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			□Change
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D.	lf ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	lf an Note	ctive date, if other than the date of filing:	
If t (b)	he¦r Th	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earliested point $12:01$ and $12:01$ a.m. on the earliested point $12:01$ and $12:01$ a.m. on the earliested point $12:01$ and $12:01$ a.m. on the earliested point $12:01$ a.m. on the earliested point $12:01$ a.m. on the earliested point $12:01$ and $12:01$ a.m. on the earliested point $12:01$ a.m. on the earliested point	er of:
	Date	Signature of a member of authorized representative of a member	
	ļ	Christina Ricci	I
	1	Typed or printed name of signce	

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