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10 JUL 12 AM 9:56

T. HAMPTON

JUL 1 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Laura Lively, LL	<u>C</u>
Name of Limi	ted Liability Company
	'
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Lauro	Name of Person
Lauro	Firm/Company
3725 W	exford Hollow Rd E.
Jacksor	MILE FL 3224 City/State and Zip Code
E-mail address: (1	to be used for future annual report notification)
For further information concerning this matter, please c	ail:
Laura Miniotas Name of Person	at (904) 982 - 3199 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$	S55.00 Filing Fee & S60.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JUL 12 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 18, 2010

LAURA S MINIOTAS 3725 WEXFORD HOLLOW RD E JACKSONVILLE, FL 32224

SUBJECT: LAURA LIVELY LLC Ref. Number: L10000037400

We have received your document for LAURA LIVELY 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):

Are you adding or removing Suzanne S Tucker?

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 110A00015098

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laural	ively. It	<u>C.</u>	•	•		-
(<u>Name of the Limited L</u> (A F	lability Compan lorida Limited Li	y as it now a ability Comp	i ppears on pany)	our recorgs	J.	
The Articles of Organization for this Limited Liab		were filed or	i Apvi	107,20	10 and	assigned
Florida document number <u>LICOOOO3</u>	1400.			* *		•
				•		
This amendment is submitted to amend the follow	ving:			į		
A. If amending name, enter the new name of t	he limited liabi	lity compan	v here:	i		
the second secon		•	•			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability (Company,"	the designati	on "LLC" or the	ne abbreviation
Enter new principal offices address, if applicat	ole:		:			<u></u>
(Principal office address MUST BE A STREET	ADDRESS)			-		<u> </u>
				i	Ç	
	•		•	•		무취고
Enter new mailing address, if applicable:				. *		2027E
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>					PP S
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B. If amending the registered agent and/or registered agent and/or the new registered office			on our	records, <u>en</u>	ter the nam	e of the new
	**			1	:	
Name of New Registered Agent:	<u> </u>		<u> </u>	<u> </u>	· · · · ·	
New Registered Office Address:				- 1		
•	,		Enter F	lorida stree	: address	
		·	÷	, Florid		
		City .		;	Zip C	ode
New Registered Agent's Signature, if changing Re-	gistered Agent:			ı		

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 608, 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

IGR = Ma IGRM = I		Member		; ;		* 8		
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Filing Fee: \$25.00