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J. SAULSBERRY EXAMINER AUG 19 2013

COVER LETTER

TO: Registration Sec Division of Corp	tion porations
SUBJECT:	Lucky Looks LLC
	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Alisa Hill
	Name of Person
	Lucky Looks LLC
	Firm/Company
	2122 Woods Avenue
	Orlando FL 32805 City/State and Zip Code ;
	agreen 503 @amail.com = =
For further information co	E-mail address: (to be used for future annual report notification) oncerning this matter, please call:
Alisa	Hill 407. 883-8368 € €
Name of	Person Area Code & Daytime Telephone Number
Enclosed is a check for the	e following amount:
S25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status Certificate of Status 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

Luck	y Lac	KS LI	LC		_	
(Name of the Limited Li (A F)	ability Company orida Limited Lia	as it now appears bility Company)	on our records.)			
The Articles of Organization for this Limited Liab Florida document number 1200035	ility Company w 3752	vere filed on 3	/13/2012	2 <u> </u>	d assign	ied
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the Unlimited Looks. The new name must be distinguishable and end with the L.L.C."				<u>νρα</u> ("LLC" or	the abb	 reviation
Enter new principal offices address, if applicab	le:				2	
Principal office address MUST BE A STREET	ADDRESS)				<u>ಹ</u>	- , ,
					100	· ·
					9	· · · ·
Enter new mailing address, if applicable:	~~~			***	<u>₩</u>	
Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			<u> </u>	05	
3. If amending the registered agent and/or registered agent and/or the new registered office			ır records, <u>ente</u>	r the nar	ne of t	the new
Name of New Registered Agent:	Alis	a Hill				
New Registered Office Address:	2123	Woods Fire	AVL er Florida street a		<u></u>	
	Oda		, Florida	7701)5	
		City	, i iviida _	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 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager .

MGRM = M	anaging Member		
Title MGRM	Name Alisce Hill	Address 2122 Woods Ave	Type of Action Add
	•	Orlando, FL 32805	Remove
			Add
	•		Remove
	<u></u>		Add
			Janus I
			Add .
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August 14, 21	013.11
August 14, 21	r or ₁ authorized representative of a member

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Filing Fee: \$25.00

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