

L12000064810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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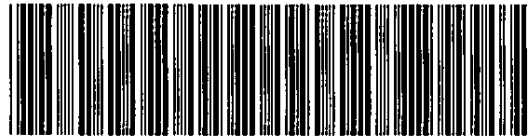
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP -4 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LaLouLand 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:

LaCinda L OSteen

Name of Person

Painting with a Twist

Firm/Company

2465 US 1 PMB 95

Address

ST AUGUSTINE FL 32086

City/State and Zip Code

CINDYOSTEEN 07@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy O'Steen

Name of Person

at (386)

965 7066

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

FILED
12 AUG 31 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LaLouLand LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 12, 2012 and assigned
Florida document number L12000064810

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Paint Party LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 292 State Road 312
(Principal office address MUST BE A STREET ADDRESS) St Augustine FL 32086

Enter new mailing address, if applicable: 2465 US 1 PMB 95
(Mailing address MAY BE A POST OFFICE BOX) ST AUGUSTINE FL 32086

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: 2465 US 1 PMB 95

Enter Florida street address

ST AUGUSTINE, Florida 32086
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 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LACINDA L O'STEEN	2465 US 1 S PMB 95 ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LANDON O'STEEN	SAME 2465 US 1 S PMB ST AUGUSTINE FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MALORY O'STEEN	SAME 2465 US 1 S PMB 95 ST AUGUSTINE FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LANDON O'STEEN	2465 US 1 PMB 95 ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MALORY O'STEEN	2465 US 1 PMB 95 ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 8/27, 2012

Lacinda O'Steen

Signature of a member or authorized representative of a member

LACINDA L O'STEEN

Typed or printed name of signee

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