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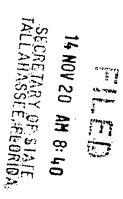
(Re	equestor's Name)	
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J. Shivers DEC 0 3 2014

COVER LETTER

Division of Corp	porations	, ,	*
SUBJECT: LU	LU'S BRIDAZ Name of Limi	T FASHIONIC ited Liability Company	RUE, UC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	LOURD	Name of Person	
	LULU'S BE	IDAZ + FASHIONI Firm/Company	QUE, LC
	6498 GU	Address	
	ST. PETE LULU_ E-mail address: (1	BEACH, FL 33- City/State and Zip Code _ 42 @ ME, com to be used for future annual report notifi	706
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at (<u>813</u>) <u>482 - 1</u> Area Code Daytime	73 C Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

LULU'S BRIDAL & FASHIO	WIQUE, LLC	
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	, ,	
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L 13000 14604</u> 5	ed on $10/10/13$ and assign	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	npany here:	
LU'NIQUE BRIDAZ, LLC		
The new name must be distinguishable and end with the words "Limited Liability Comp	pany," 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)		
·	g., p.,,, , . , . ,	
B. If amending the registered agent and/or registered office address here:	dress on our records, enter the name o	f the new
registered agent and of the new registered office address here.	ALS TABLE	
Name of New Registered Agent:	CRES	•4• <u>5</u>
New Registered Office Address:		mandrer :
	Enter Florida street address	T
	, Florida 💆 😄 🐧	
City	ZipeGode	
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

Authorized Member being added or removed from our records:

MGR = Manager AMER = Authorized Member <u>Title</u> <u>Name</u> **Type of Action** <u>Address</u> _□ Add □ Remove □ Add ☐ Remove _□ Add ☐ Remove _□ Add _□ Remove □ Add _□ Remove □ Add ☐ Remove

•	***************************************
E. Effec	tive date, if other than the date of filing:(optional)
(The et	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
use a	
Date	110/16
	Aunder C. Roof MGRM
	Signature of a member or authorized representative of a member
	LOURDES C. ROOT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

TA NOV 20 AM 8: 40

SECRETARY OF STATE
TALL AHASSES