

L14000035872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

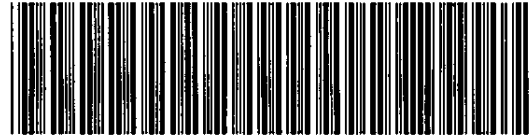
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000263399290

09/26/14--01014--010 \*\*30.00

FILED

14 SEP 26 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 2 2014

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bleu BuBBles for Kids 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:

Akeira Lampkin  
Name of Person

Bleu Rain LLC  
Firm/Company

1804 N.W. 183 St  
Address

MIAMI BARDens FL 33054  
City/State and Zip Code

Sheila FL65@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Akeira Lampkin at 784 728-7591  
Name of Person 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:** X

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**

Bleu Bubbles For Kids 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 3/4/14 and signed

Florida document number L14000035872

This amendment is submitted to amend the following:

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

Bleu Rain Boutique 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:

(Principal office address MUST BE A STREET ADDRESS)

1804 N.W. 183 St

Miami Gardens, Fla

33056

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1804 N.W. 183 St

Miami Gardens, Fla

33056

**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:

Sheila Lampkin

New Registered Office Address:

14060 S.W. 273 LN.

Enter Florida street address

Homestead

City

Florida

33032

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 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.

Sheila Lampkin

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Alexis, Lampkin	14060 SW 273 LN.	<input type="checkbox"/> Add
		Homestead Fla	<input checked="" type="checkbox"/> Remove
		33032	
owner	Akeira, Lampkin	1804 N.W. 183 St.	<input checked="" type="checkbox"/> Add
		Miami Garden Fla	<input type="checkbox"/> Remove
		33056	
MGR	Akeira, Lampkin	1804 N.W. 183 St	<input checked="" type="checkbox"/> Add
		Miami, Gardens, Fla	<input type="checkbox"/> Remove
		33056	
MGR	Alexis, Lampkin	14060 SW 273 LN	<input checked="" type="checkbox"/> Add
		Homestead, FL	<input checked="" type="checkbox"/> Remove
		33032	
MGR	Anisha Lampkin	14060 SW. 273 LN	<input checked="" type="checkbox"/> Add
		Homestead, Fla 33032	<input type="checkbox"/> Remove
		33032	
<del>MGR</del>	<del>Michael, Walton</del>	<del>14060 SW 273 LN</del>	<del><input checked="" type="checkbox"/> Add</del>
		<del>Homestead, Fla</del>	<del><input checked="" type="checkbox"/> Remove</del>
		<del>33032</del>	

14 SEP 6 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

I Removed Michael Walter as M.B.R.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 09/15/2014

Akeira Lampkin

Signature of a member or authorized representative of a member

Akeira Lampkin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 SEP 26 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA