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MAY 21 2013 J. BRUCE

COVER LETTER

SUBJECT: Lore and More Fifness 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: Lerry Lamen	TO: Registration Sec Division of Corp	tion orations				
Please return all correspondence concerning this matter to the following: Jerry Warren Name of Person	SUBJECT: <i>Lore</i>	and More F. Name of Lim	thess LLC ited Liability Company	·		
Serry Warren Name of Person	The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Styges Styles S	Please return all correspon	dence concerning this matter	to the following:			
Styges Styles S		Jem	y Warren			
Address City/State and Zip Code		Warren	Skaggs PLLC	· · · · · · · · · · · · · · · · · · ·		
Enclosed is a check for the following amount: Serry Warren & Warren & Ways Come Status Service						
Enclosed is a check for the following amount: Serry Warren & Warren & Ways Come Status Service		Orlando	, FL 32803			
Enclosed is a check for the following amount: Solution State St		•		S. (om		
Enclosed is a check for the following amount: \$25.00 Filing Fee \(\text{Certificate of Status} \) \$25.00 Filing Fee \(\text{Certificate of Status} \) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	For further information cor	ncerning this matter, please ca	all:			
\$25.00 Filing Fee \$\(\text{Certificate of Status} \) \$55.00 Filing Fee \$\(\text{Certified Copy} \) \$\	Jerry Warn Name of F	en · Person	at (<u>407</u>) <u>792 - :</u> Area Code Daytime	35 44 Telephone Number	2814 MAY I	
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy Certified Copy	Enclosed is a check for the	following amount:		49.35 23.55	Lo TL	
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	t.	Transaction of the second

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**

(ore and More Fine	bs.LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	· · · · · ·	
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on <u>4/25/2014</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the ab	obreviation "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)			_
	<u> </u>	23	
B. If amending the registered agent and/or registered offi	ce address on our records, enter t	the name of the	new
registered agent and/or the new registered office address here:		SSS X	Lis (Fame
Name of New Registered Agent:		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		- 50 €	-
New Registered Office Address:	Enter Florida street address	- 100 6	
		April 12	
	, Florida	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.

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

Type of Action Title <u>Address</u> <u>Name</u> Jason Christopher King 2940 Monaco Crt. Andd

Orlando, FL 82806

Remove □ Add ____ Remove _D Add ☐ Remove __ 🗆 Add ☐ Remove __□ Remove

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ffective date, if other	than the date of filing:	(optional) uid cannot be more than 90 days after
he date this document is file	ed by the Florida Department of State)	
the date this document is file Dated	14	

Page 3 of 3

Filing Fee: \$25.00

