

14 000 184 102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

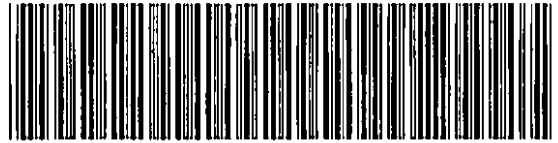
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356209498

12/15/20--01008--004 **25.00

FILED

2020 DEC 15 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FL

45
1/26/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOVELY LIFESTYLES, 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:

TAMARA BLACK

Name of Person

BOOKKEEPING MAKES CENTS, LLC

Firm/Company

2340 LINKS DR

Address

ORANGE PARK, FL 32003

City/State and Zip Code

TEEHICKS@YAHOO.COM

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

FILED
2020 DEC 15 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

TAMARA BLACK

770
at ()
Area Code

480-8820

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
2020 DEC 15 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2020 DEC 15 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2020 DEC 15 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 10, 2020

Tamara Black

Signature of a member or authorized representative of a member

TAMARA BLACK

Typed or printed name of signee

Filing Fee: \$25.00