U50000 1898

(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



700325877877

U3/18/19--01U25--014 **30.00

NAR 27 223 T. LEIMEUX

COVER LETTER

TO: Registration Se Division of Cor			
Collins Pub	dishing House, LLC		
SUBJECT:	Name of Limi	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sh'Kia Augustin		
	Loc'd & Lovin' It	Name of Person	
	3160 Plam Trace Landings	Firm/Company Drive APT 725	
	Davie, FL 33314	Address	
	locd.nlovinit@gmail.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ill:	
Sh'Kia Augustin		954 589 4232 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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



COLLINS PUBLISHING HOUSE, LLC

		ny as it now appears on our records.) Liability Company)	2019 MAR 18 P 2 2
The Articles of Organization for this Limited L Florida document number L15000007898	iability Company	were filed on 01/14/2015	SECRETARY AND STATE TALLARIA SEE TEURIO.
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Loc'd & Lovin' It, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	3160 Palm Trace Landings Drive	APT 725
(Principal office address MUST BE A STREET ADDRESS)		Davie, Fl 33314	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	57		enter the name of the new
Name of New Registered Agent:	Sh'Kia Augusti	n	
New Registered Office Address:	3160 Palm Trac	ce Landings Drive APT 725	
		Enter Florida street address	
	Davie	, Flori	da 33314
		City	Zip Code

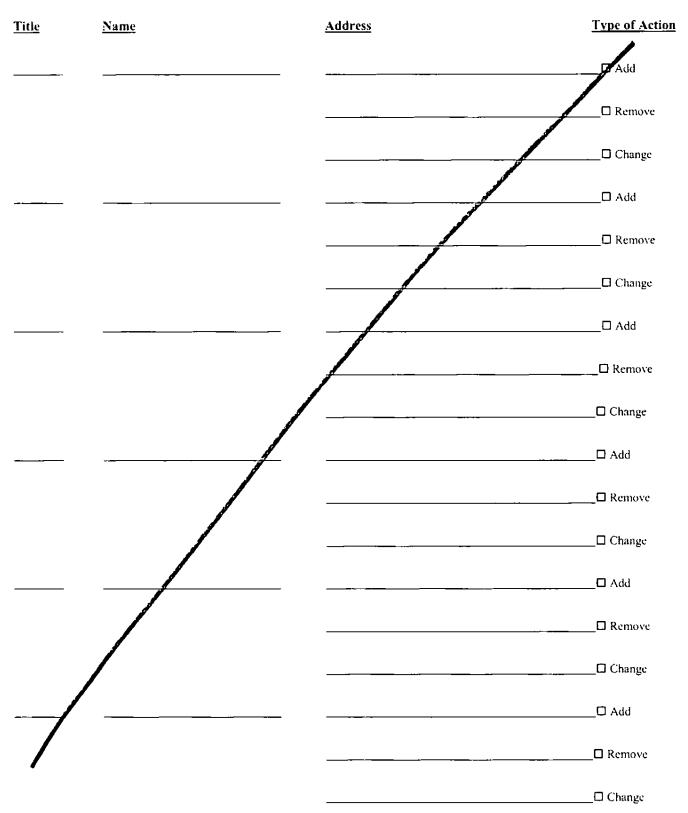
New Registered Agent's Signature, if changing Registered Agent:

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 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 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



	
	
	and the same of th
	Appendix .
	
	-
•	3/14/2019
fective date, if other than th	he date of filing: (optional)
ote: If the date inserted in this	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 block does not meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the	Department of State's records.
record enecifies a delay	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the re	
The 90th day after the re	2019
The 90th day after the re	2019
The 90th day after the re	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00