115000051785

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name	-
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
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FILED





June 15, 2015

BRENDA M. CIOE 1500 SOUTH MAGNOLIA AVENUE SANFORD, FL 32771

SUBJECT: LIP SERVICE MAKES CENTS LLC

Ref. Number: L15000051785

We have received your document for LIP SERVICE MAKES CENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 015A006124695

June 9, 2015

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Please note I am requesting a <u>change of address for the</u>

Registered Agent - Brenda Cioe(no change on agent only address).

Enclosed please find a check in the amount of \$25.00

My contact phone number is

OLD ADDRESS

CIOE, BRENDA M 1505 SOUTH PARK AVENUE SANFORD, FL 32771

NEW ADDRESS

CIOE, BRENDA M 1500 SOUTH MAGNOLIA AVENUE SANFORD, FL 32771

Thank you,

Brenda Cioe Lip Service Makes Cents, LLC SECRETARY OF STATE

' ARTICLES OF AMENDMENT TO ' ARTICLES OF ORGANIZATION OF

•	3.
(Name of the Limit	DERVICE Makes Cents LLC ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	2/20/2015
The Articles of Organization for this Limited Li	
Florida document numberL15 &	005/185
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name o	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Li
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
	Drevido M. CABES -
-	1500 SONTH MARIA BLANDLE
new registered Office / radicas.	Enter Florida street address
	SANTORD FLORE 32771
	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		
	Authorized Member		
AMIDK -	- Authorized Member		

<u>Title</u>	Name	Address	Type of Action
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-	Signature of	a member of author	ized representative	of a member			 -

Page 3 of 3

Filing Fee: \$25.00