## L150000 53461

(Re	questor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

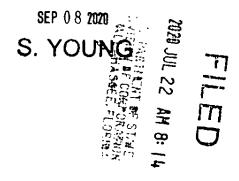
Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
LIN 4 BOB	, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lindsay Castillo		
		Name of Person	
	LindsayLuvzU.com		
		Firm/Company	
	10100 West Sample Road		
		Address	
	Coral Springs, FL 33065		
		City/State and Zip Code	
	lindsayluvzu@gmail.com		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	itthealton)
Json Crown		334 232-5232 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee.		2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIN 4 BOB, 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 03/09/2015 Florida document number 1.15000053467 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LINDSAY LUVZ U PRODUCTIONS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) 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: New Registered Office Address:

## 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.

Cuv

Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
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Jean Marin	n effective date is listed, the date muster:  If the date inserted in this blocument's effective date on the Decord specifies a delayed effective.	epartment of State's records.			
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