

Florida Department of State Division of Corporations

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(((H15000306015 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GROOVY MARIE, LLC**

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FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Amanda Sando
DATE	12/29/2015 12:13:19 PM PST
RE	(((H15000306015 3)))RebeccaMarie.style, LLC - LZ # 515234546

COVER MESSAGE

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COVER LETTER

cup rece.	roovy M	arie, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	il correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	i. II dan ber Bellegbyung un-un-un-un-un-un-un-un-un-un-un-un-un-u
		Legalzoom.com, Inc.		
		ر در در فق در دو ها ۱۹۰ ۹ ۱۹۹۵ این سیستندری و این در در ۱۹۹۵ این سیستندری این در 	Firm/Company	
		100 W. Broadway Suite	100	
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		Glendale, CA 91210		
			City/State and Zip Code	
		groovy10268@gmail.com E-mail address: (n to be used for future annual report notifi	cation)
For further info	ormation co	meerning this matter, please ca		
lmelda Vasqu	ıez		323 962-8600 ex	
	Name of	Person		Telephone Number
Enclosed is a cl	heck for th	e following amount:		
□ \$25.00 Fiti:	ng Fee	S30.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15 OC 20 MILON

Groovy Marie, LLC

(Name of the Limited Liability Company as it new appears on our records.)

(A Florida Limited E	Liability Company)	TO A
The Articles of Organization for this Limited Liability Company	were filed on 09/16/2015	and assigned
Florida document number L15000157603		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
RebeccaMarie.style, LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		14.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		and the same special supplies the same supplies to
New Registered Office Address:	Enter Florida street address	
	, Florida	Tip Code
New Registered Agent's Signature, if changing Registered Agent:		rup Code
TOW MERIPIETED ARENT & SHURTUTE, II CHRURING REVISIETED ARENT:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the $-_{
m cap}$ 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

MGR = Manager

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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:

AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action _U Add _D Add _□ Remove _ Add ☐ Remove ____ D Remove D Add __ D Remove □ Add 귱 □ Remove

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~ .	

Effecti	ve date, if other than the date of filing:(optional)
Effecti (The effection the date	ve date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
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	ve date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) 24 DUMON , 2015 Relecca Market Regular Signature of a metaber or authorized representative of a member
	24 Décember, 2015 Rélèco Marie Ryals

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Filing Fee: \$25.00

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