

L15000181016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JAN 20 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUMMERALL LIFESTYLE MANAGEMENT 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:

ASHLEY SUMMERS

Name of Person

LULAROE ASHLEY & KRISTI, LLC

Firm/Company

175 SW STAFFORD CT

Address

LAKE CITY, FL 32024

City/State and Zip Code

LULAROEASHLEYKRISTI@GMAIL.COM

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

For further information concerning this matter, please call:

ASHLEY SUMMERS

386 965-7235
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SUMMERALL LIFESTYLE MANAGEMENT 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 10/19/2015 and assigned
Florida document number L15000181016.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LULAROE ASHLEY & KRISTI, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

175 SW STAFFORD CT

LAKE CITY, FL 32024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

175 SW STAFFORD CT

LAKE CITY, FL 32024

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:

ASHLEY SUMMERS

New Registered Office Address:

175 SW STAFFORD CT

Enter Florida street address

LAKE CITY

City

Florida

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.

ASHLEY SUMMERS
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>
MGR	MALLORY B SUMMERALL	4238 MIDDLEBROOK RD	<input type="checkbox"/> Add
		APT 438	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32811	<input type="checkbox"/> Change
MGR	ASHLEY SUMMERS	175 SW STAFFORD CT	<input checked="" type="checkbox"/> Add
		LAKE CITY, FL 32024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMBER BOECKMAN	151 SW ROSE POINTE PL	<input checked="" type="checkbox"/> Add
		LAKE CITY, FL 32024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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(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.

Asneq Summer
Signature of a member or authorized representative of a member

Ashley Summers
Typed or printed name of signer