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FILED

APR 1 8 2016

**3** MASON

Door Registration Section Division B Corporations,

> attached you will find the articles of amendment and the few for biling My LLC is currently listed as

Roe's Lula Roe Closet LLC. J'd inte to Change the name to Roe's Closet LLC

Thank you very much in advance!
Roalynn tiello
727-946-1311

## **COVER LETTER**

Divi	ision of Corp	orations			
eunteen.	Roe's LuLaF	toe Closet LLC			
SUBJECT:		Name of Limi	ted Liability Company	<del></del>	
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		Rosalynn Aiello			
Name of Person					
Roe's Closet LLC Firm/Company					
6919 Oldgate Circle					
Address					
New Port Richey, FL 34655					
City/State and Zip Code lularoerosalynnaiello@gmail.com					
E-mail address: (to be used for future annual report notification)				cation)	
For further in	nformation co	ncerning this matter, please ca	ılı:		
Rosalynn Ai			727 946-1311 at ()	Telephone Number	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	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)	

MAILING ADDRESS:

TO:

**Registration Section** 

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

## TO ARTICLES OF ORGANIZATION OF

Roe's Lularoe Closet LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Co		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Roe's Closet LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	, , , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address and a Name of New Registered Agent:		ds, enter the name of the new
New Registered Office Address:	Enter Florida street address	
	Ti-	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	emplete performance of my duties, on ent as provided for in Chapter 605 d office address, I hereby confirm to	and I am familiar with and F.S. Or, if this document is that the limited liability
	If Changing Registered Agent, Signature	of New Registered Agent

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(If an eff <b>Note:</b>	ve date, if other than the date of filing:	<b>ptional)</b> after filing.) Pursuant to 6 this date will not be li	05.0207 (3)(t sted as the
If the red (b) The	ord specifies a delayed effective date, but not an effective time, at 12:0 90th day after the record is filed.	1 a.m. on the ear	lier of:
Dated	March 13, 2016.	129 131 151	rs
	Signature of a member or authorized representative of a member		
	March 13, 2016.  Consultation Aiello  Signature of a member or authorized representative of a member  Rosalynn Aiello  Typed or printed name of signee	FOR D	71 0
		TATE ORIDA	

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Filing Fee: \$25.00