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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ULA LOVIN'S STEAS 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:
Brienne Wolters Name of Person
LULa Roe Firm/Company
17995 30 th Ln. N.
Loxahatchee, FL 33470
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Aho at (56), 30 - 21 0 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

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

Lula Lovin' Si	sters LLC
(Name of the Limited Liabilit (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Consideration of the Liability Considerat	ompany were filed on 3/7/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit FIVEWITE SISTERS BO	utique LLC
·	ited 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 ADDR	<u>(ESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	28
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
 -	, Florida 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

ANIDK	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	r.)
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Effective date, if other than the date of filing:	Pursuant to 605.0207 (3)(will not be listed as the
the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. o) The 90th day after the record is filed.	on the earlier of:
Dated January 19, 2017	
seather Capo	7
Signature of a member or authorized representative of a member	
Heather C. Ano	 2-5- رئات
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00