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NKUSINATHI C GCABASHE SR.

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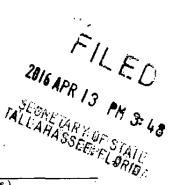
# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOVELY BUBBLY LLIC
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:
NKOSINATHI C GCABASHE SR Name of Person
LOSEY BUBBLY LLC Fim/Company
201 TERRACE ROGE CIRCLE Address
DAVENPORT, FLORIDA 33896 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NKCSINATHIC GCABASHE, SPat (248) 773 1711  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$\times \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$\$ \$= \text{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



LEWELY BUBBLY L.L.C	LORIDA	
(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 MARCH 31, 2016 Florida document number 1500006456	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbru	eviation "L.L.C."	
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 registered agent and/or the new registered office address here:	ne name of the ne	
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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

MGR = Manager AMBR = Authorized Member **Type of Action** Title Name <u>Address</u> NEDENATHIC GLABASHE SR 201 TERRACE RIDGE CIRCLED Add DAVENPORT, FL, 33896 UN PREMOVE ☐ Change AMBR NEOSINATHIC GOBASHE SR ZOTTERRACE RIDGE CIRCLE DAUGNADET, PL, 33896 UN ☐ Change MCR SIBONGILE WATHI 2007 TERRACE RIDGE CIRCLE D'Add DAVENPORT, PL 33896 UN Remove ☐ Change ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

☐ Change

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Note:	tive date, if other than the date of filing: 4/15/2016 (optional) fective 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	04/12/2016
Dated	Valli Cabashe
Dated	Valli Cabashe  Signature of a member or authorized representative of a member  NKOSINATHI TABASHE

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Filing Fee: \$25.00