LIGOCOIO1373

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SECRETARY OF STATE

D. BRUCE OCT 25 2016

COVER LETTER

Divi	sion of Corp	orations			
SUBJECT:	LuLapalooza	LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Heidi Johnson			
			Name of Person	 	
			Firm/Company		
	858 Rosemary Cir				
			Address		
		Bradenton, FL 34212			
			City/State and Zip Code		
		hjlularoe@gmail.com			
		E-mail address: (to be used for future annual report not	ification)	• •
For further in	formation co	ncerning this matter, please co	all:	SECRETALLAHA	m
	Name of	Person	at () Area Code Daytim	ne Telephone Number	m
Enclosed is a	check for the	following amount:		OF STAT	
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Files Fee, C Certificate of Statu Certified Copy (additional copy is encl	ıs &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LuLapalooza LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L16000101373</u> .	ere filed on May 24, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbi	reviation "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 registered agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:	TALE CEC	2
New Registered Office Address:	Enter Florida street address	007 21 E
	City Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ORID	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JANELLE FAVUZZA	3195 THORNWOOD CT	□ Add
		CASTLE ROCK, CO 80108	■ Remove
		.	☐ Change
<u>_</u>			Add
			☐ Remove
			Change
	· · ·		Add
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			☐ Change
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			SECRETARY OF Changes
			S BrAdd
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ective date, if other that effective date is listed, the date: If the date inserted in tument's effective date on	ate must be specific and this block does not	nd cannot be prior to meet the applicab		re than 90 days a			
record specifies a de he 90th day after the			an effective ti	me, at 12:0	1 a.m. o	n the ear	lier c
10/13 ed		2016					
	•	- ,	-				

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Typed or printed name of signee

Filing Fee: \$25.00