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(F	Requestor's Name)	
A)	Address)	
(<i>f</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Lula Roe With Christine Mary Storts</u> LL 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:
Christine Storts Name of Person
Lula Roe with Christine Mary Firm/Company
374 Polk Ave Address
Cape Canaveral, F1 32920 City/State and Zip Code CStortsd@aol.com
CStortsd@aol.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christine Storts at (321) 505-3440 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ith Christine Mary Storts	<u>, </u>	-	
(Name of the Limited Lin (A Flo	ability Company as it now appears on ous records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number 1600010278		and as	signec	i
This amendment is submitted to amend the following	g:		1	
A. If amending name, enter the new name of the	limited liability company here:			
Shop with Chi	cistine Mary LLC.			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "I	L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DDRESS)			
•				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2			
		~		
		<u>ئ</u> ئے۔ رے ۳۳	16	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter	the name	of th	e new
registered agent and/or the new registered office a	nuuress nere:	\$3. 	23	**** ******
Nome of New Projetowed Accept.			2>	i Emilia
Name of New Registered Agent:		TOK TOK	<u> </u>	
New Registered Office Address:	Enter Florida street address	<u> </u>	-	* f- ma-m*
	Enter Fioriau street address),	©	
	, Florida	Zip Code		
	CHY	Ly Cour		

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

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
 			Add
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
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Filing Fee: \$25.00