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COVER LETTER

SUBJECT: LOVEDUBB ENTERPRISES LLC Name of Limited Liability Company
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:
EDDIE D WILLIAMS JR
Name of Person
LOVEDHER ENTERDRISES LLC
LOVEDUBB ENTERPRISES LLC Firm/Company
1 Kilb Company
601 WASHITA STONE DR
Address
RUSKIN. FL 33570
City/State and Zip Code
LOVEDUBBDEVELOPMENT@GMAIL.COM E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for fature annual report notification)
For further information concerning this matter, please call:
· ·
EDDIE D WILLIAMO ID (010 - 704 5140
EDDIE D WILLIAMS JR at (813) 784-5140 Name of Person Area Code Daytime Telephone Number
Name of Ferson Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ S30.00 Filing Fee & □ S55.00 Filing Fee & □ S60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVEDUBB ENTERPRISES. 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 _______ 06/06/2016 _____ and assigned Florida document number <u>L16000109145</u> 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 abbreviation "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 name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code Citv

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LOVELACE, LAMONT D	406 PLUMERIA DR	Add
		MANSFIELD, TX 76063	□ Remove
			⊠ Change
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Filing Fee: \$25.00