## Lib000127562

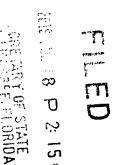
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**S Warren JUL 1 9 2016** 

## **COVER LETTER**

TO: Re	gistration S vision of Co	Section orporations		
SUBTECT.	LULT: B	ELLA'S APPAREL,LLC		
SUBJECT:		Name of Li	mited Liability Company	···
The enclosed	d Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return	all corresp	ondence concerning this matte	r to the following:	
		KERRI ORENBUCH		
			Name of Person	
		LULU BELLA'S APPAR	EL, LLC	
			Firm/Company	<del></del>
		11931 SOUTHWEST 49	COURT	
			Address	
		COOPER CITY, FLORID	DA 33330	
			City/State and Zip Code	New v
		KORENBUCH@LULUBE		
		E-mail address:	to be used for future annual report notif	ication)
For further in	formation c	oncerning this matter, please c	all:	
KERRI ORE	NBUCH		786 506-5496	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & 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

LULU BELLA'S APPAREL, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L16000123562}{L16000123562}$ .	vere filed on 6/28/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
he 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)		F 24
		The second secon
Inter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
		<u>≽, , û</u>
B. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>ente</u>	r the name of the
New Registered Office Address:		
Town registered office Address.	Enter Florida street address	
	, Florida	
<del>,</del>	City	Zıp 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SUSAN SPIEGEL	1170 ORIOLE AVENUE	
		MIAMI SPRINGS, FL 33166	<b>■</b> Remove
			☐ Change
			D Add
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			Remove  Change
			Add

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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more that  ote: If the date inserted in this block does not meet the applicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 605.020 aircments, this date will not be listed as
neument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier o
Suly 1st 2016	
Bul Oreclade -	Pulls . Surgeone
Signature of a member or authorized representative of a n	description (processing)
KERRI ORENBUCH  Typed or printed name of signee	- 17 00 m
Typed or printed name or signee	
Page 3 of 3	

Filing Fee: \$25.00