

L16000128957

(Requestor's Name)

(Address)

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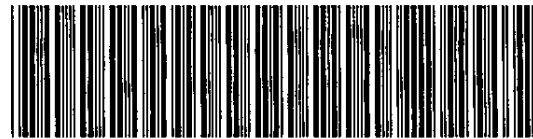
(Business Entity Name)

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**TO: Registration Section
Division of Corporations**

SUBJECT: Unicorn Sisters Xo LLC

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:

Jennifer Ruozzo

Name of Person

Unicorn Sisters Xo LLC

Firm/Company

223 Bilbao St

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

lulasistersxo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Ruozzo

561 827-9590
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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

LULA SISTERS XO LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jessica E Ruozzo	97 Santa Monica Ave	☐ Add
		Royal Palm Beach, FL 33411	☒ Remove
			☐ Change
			☐ Add
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7, BEDFORD SQUARE, W.C.2.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated February 4, 2017.

Signature of a member or authorized representative of a member

Jennifer Ruozzo
Typed or printed name of signee