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JAN 24 2017 S. YOUNG SECRETARY OF STATE TALL AHASSEE, FEORID

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	Lulasisters	6		
SOBJE	× 1.			
		Amendment and fee(s) are sub	· ·	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Heather Ferreira		
			Name of Person	
			Firm/Company	
		11616 Lake Blvd		
			7 7	
		New Port Richey Florida 3	4655	1888 1888
		lularoewithheatherandnicolo	City/State and Zip Code	T JAN 23 PH 4: 54
			to be used for future annual report notific	calion) F.
For furth	er information co	oncerning this matter, please ca	all:	Şi.
Heather	Ferreira:		727 4554740 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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)
	MAYI	INC ADDRESS:	STREET/COURIE	R ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ie.

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lulasisters 16 LLC.		
(Name of the Limited Liability (A Florida	ty Company as It now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 9/12/2016	and assigned
Florida document number L16000169429		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
HeatherandNicoleFerreira LLC.		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TASE SECTION
Principal office address MUST BE A STREET ADDR	(ESS)	宝 至
		7 (SEE
		POR
Enter new mailing address, if applicable:		PH PELO
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		# 17
B. If amending the registered agent and/or registered agent and/or the new registered office additional actions and the second agent agent and the second agent ag		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Provida Sweet dauress	
	, Floric	laZip Code
	City	Zip 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.

lf 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> Type of Action <u>Address</u> _🗀 Add ☐ Remove □ Change □ Add □ Remove □ Remove ال Change _□ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

	
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(If an effect Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	21/2017
	Signature of a member or authorized representative of a member
	Heather Ferreira
	Typed or printed name of signee

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Filing Fee: \$25.00