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COVER LETTER

Division of Cor	porations		
LuLaRoe S	Shannon and Brittany, LLC		
	Name of Limi	ted Liability Company	
	JBJECT: Lul_aRoc Shannon and Brittany, LLC Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nutted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	_	•	
	Brittany Bates		
		Name of Person	
		Firm/Company	
	10961 117th Way		
		Address	
	Seminole, FL 33778	·	
		City/State and Zip Code	
	E-mail address; (t	o be used for future annual report notific	ation)
For further information e	oncerning this matter, please ca	d1:	
Brittany Bates		727 430-3767	
Name o	f Person	at () Area Code Daytime '	l'elephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LuLaRoe Shannon and Brittany, LLC		
(<u>Name of the Limited Liat</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on September 19, 2016	and assigned
Florida document number 1.16000175112	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	= =
Paisley Pair, LLC		皇上刊
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the	abbreviation L.L.C.
Enter new principal offices address, if applicable:		T IT
(Principal office address MUST BE A STREET AD	DRESS)	100
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	gistered office address on our records. ent	er the name of the new
registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	Florida	
	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.

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 = N $AMBR = N$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			□ Change
·			□ Remove
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			Remove Change
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ecord specifies a delayed ne 90th day after the rec		ot an effective t	ime, at 12:01 a.r	n. on the ea	rlier
ie soth day after the rec	ord is filed.				
ed October 31	2016				
2	Signature of a member or aut				
Duttom	Mts				
	Nonature of a member or aut	horized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00