

**L16000184361**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

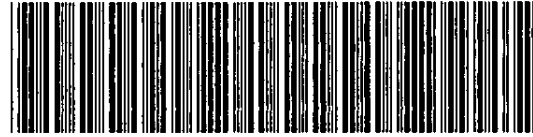
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**600297360006**

04/03/17--01013--015 \*\*2500

17 MAY - 1 PM 1:26

FILED  
CLERK OF STATE  
OFFICE OF COMMERCE

MAY 03 2017  
**J. HARRIS**

600297360006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lularoe Reenie Harvey 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:

Bryan Frederick

\_\_\_\_\_  
Name of Person

Bridgespan

\_\_\_\_\_  
Firm/Company

2134 Alt 19 Suite B

\_\_\_\_\_  
Address

Palm Harbor, FL 34683

\_\_\_\_\_  
City/State and Zip Code

bryan@iplanstrong.com

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

For further information concerning this matter, please call:

Bryan Frederick

727 230-9000  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2017

BRYAN FREDERICK  
2134 ALT 19 SUITE B  
PALM HARBOR, FL 34683

SUBJECT: LULAROE REENIE HARVEY LLC  
Ref. Number: L16000184361

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY -1 PM 1:26

We have received your document for LULAROE REENIE HARVEY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 717A00006767

2017 MAY -1 AM 11:54  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lularoe Reenie Harvey LLC

(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 10/04/2016 and assigned  
Florida document number L16000184361.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Reenie & David Harvey LLC

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 of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Bridgespan Partners LLC

New Registered Office Address:

2134 Alt 19 Suite B

*Enter Florida street address*

Palm Harbor

Florida 34683

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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.

Dated March 30, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
TODAY OF MAY  
1964  
17 MAY -1 PM 4:26