

L16000186488

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 11 2017

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lularoe Shoppe 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:

Cheri Brich

Name of Person

Lularoe Shoppe LLC

Firm/Company

34107 Spring Oak Trail

Address

Wesley Chapel FL 33545

City/State and Zip Code

lularoealyssaandcheri@gmail.com

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

For further information concerning this matter, please call:

Cheri Brich

813 995-5637

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

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

Lularoe Shoppe 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 October 6, 2016 and assigned
Florida document number L16000186488.

This amendment is submitted to amend the following:

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

B Rich Associates 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)

34107 Spring Oak Trail

Wesley Chapel, FL 33545

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

34107 Spring Oak Trail

Wesley Chapel, FL 33545

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:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Case No.	Case Name	Case Type	Case Status	Case Action
1	Case 1	Case 1	Case 1	<input type="checkbox"/> Add
2	Case 2	Case 2	Case 2	<input type="checkbox"/> Remove
3	Case 3	Case 3	Case 3	<input type="checkbox"/> Change
4	Case 4	Case 4	Case 4	<input type="checkbox"/> Add
5	Case 5	Case 5	Case 5	<input type="checkbox"/> Remove
6	Case 6	Case 6	Case 6	<input type="checkbox"/> Change
7	Case 7	Case 7	Case 7	<input type="checkbox"/> Add
8	Case 8	Case 8	Case 8	<input type="checkbox"/> Remove
9	Case 9	Case 9	Case 9	<input type="checkbox"/> Change
10	Case 10	Case 10	Case 10	<input type="checkbox"/> Add
11	Case 11	Case 11	Case 11	<input type="checkbox"/> Remove
12	Case 12	Case 12	Case 12	<input type="checkbox"/> Change
13	Case 13	Case 13	Case 13	<input type="checkbox"/> Add
14	Case 14	Case 14	Case 14	<input type="checkbox"/> Remove
15	Case 15	Case 15	Case 15	<input type="checkbox"/> Change
16	Case 16	Case 16	Case 16	<input type="checkbox"/> Add
17	Case 17	Case 17	Case 17	<input type="checkbox"/> Remove
18	Case 18	Case 18	Case 18	<input type="checkbox"/> Change
19	Case 19	Case 19	Case 19	<input type="checkbox"/> Add
20	Case 20	Case 20	Case 20	<input type="checkbox"/> Remove
21	Case 21	Case 21	Case 21	<input type="checkbox"/> Change
22	Case 22	Case 22	Case 22	<input type="checkbox"/> Add
23	Case 23	Case 23	Case 23	<input type="checkbox"/> Remove
24	Case 24	Case 24	Case 24	<input type="checkbox"/> Change
25	Case 25	Case 25	Case 25	<input type="checkbox"/> Add
26	Case 26	Case 26	Case 26	<input type="checkbox"/> Remove
27	Case 27	Case 27	Case 27	<input type="checkbox"/> Change
28	Case 28	Case 28	Case 28	<input type="checkbox"/> Add
29	Case 29	Case 29	Case 29	<input type="checkbox"/> Remove
30	Case 30	Case 30	Case 30	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MASSACHUSETTS
JAN 19 1964

APR 10 PM 4 05
FBI - LOS ANGELES

E. Effective date, if other than the date of filing: April 5, 2017 (optional)
(If an effective 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)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated April 5, 2017

Cheri Brech

Signature of a member or authorized representative of a member

Cheri Brich

Typed or printed name of signee