# 116000209695

(Requ	estor's Name)	
/ <b>A</b> al.d.:		
(Addre	ess)	
(Addre		···
(Additional)	755)	
(City/S	State/Zip/Phone	<u>, #()</u>
(Oily)	zatorzijari none	· ··· ,
PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
į		
		·





200293876262

01/12/17--01004--019 \*\*25.00

17 ILW 27 AM 9: 2

IN HARRIE

## **COVER LETTER**

Division of C				
LuiaLovi SUBJECT:	in Cousins			
	Name of Limited Liability Company			
	of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:			
	Paige Mathis			
	Name of Person			
Firm/Company				
	6508 nw 78 dr			
Address Parkland, FL 33067				
				City/State and Zip Code lularoeashleypaige@gmail.com
	E-mail address: (to be used for future annual report notification)			
For further information	n concerning this matter, please call:			
Ashley Seiden	954 4150172 at ( )			
Name of Person Area Code Daytime Telephone Nur		<del></del>		
Enclosed is a check for	r the following amount:			
<b>■</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status & y		

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

January 13, 2017

PAIGE MATHIS 6508 NW 78 DR PARKLAND, FL 33067

SUBJECT: LULALOVIN COUSINS LLC

Ref. Number: L16000209695



We have received your document for LULALOVIN COUSINS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 217A00000868

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LulaLovin Cousins		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	15,)
The Articles of Organization for this Limited Liability Florida document number L16000209695	y Company were filed on 11/16/2016	and assigned
This amendment is submitted to amend the following	<i>;</i>	
A. If amending name, enter the new name of the l	imited liability company here:	
Graceful Skies LLC		
The new name must be distinguishable and contain the words "l	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 AD	INDECCI	
(Frincipul Office quaress MOST BE A STREET AD	DRESS/	
	<del></del>	
		6 12 전 중 경영 <b>교</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>'o`</u> ≭
B. If amending the registered agent and/or re registered agent and/or the new registered office a		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	25
	, FI	lorida
	City	esp come

#### 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

<u> Fitle</u>	Name	Address	<b>Type of Action</b>
<del></del>			
			□ Remove
		<del></del>	☐ Change
<del></del>		<del></del>	
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		****	☐ Remove
			Change
			□ Remave
			Change

If amending any	other informati	on, enter change	(s) here: (Attach o	additional sheets	, if necessary.)	
	to the state to the state of th	<u> </u>				
						·
			· · · · · · · · · · · · · · · · · · ·		. ,	
				· · · · · · · · · · · · · · · · · · ·	······································	
<del></del>						· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	<del></del>				
	······					····
						<del></del>
***************************************						<del></del>
						· · · · · · · · · · · · · · · · · · ·
Note: If the date	inserted in this bloc	k does not meet the	t be prior to date of fili e applicable statutor records.	ry filing requireme	_ <b>(optional)</b> lays after filing.) Pursu ents, this date will no	ant to 605.0207 ot be listed as
ne record spec The 90th day	ifies a delayed of after the record	effective date, ord is filed.	but not an effec	tive time, at 1	2:01 a.m. on th	e earlier o
Dated		,				
	-	DM O	thi	$\gamma$		
		ignature of a member	r or authorized represe	entative of a membe	T	<del></del>
		taige	Mathis			17 J
			or printed name of si	gnee		(2) (2)

Page 3 of 3

Filing Fee: \$25.00