16000213701

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COVER LETTER

1714	ision of Corp	oerations			
Surifot:		OLLECTIVE, LLC			
SUBJECT	• • •		ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		CHARITY L. CRAIG			
			Name of Person		
		LILLIAN COLLECTIVE,	LLC		
Firm/Company					
522 S. HUNT CLUB BLVD. #573					
		Address			
		APOPKA, FL 32703			
		City/State and Zip Code			
		michelle@vcbbrands.com			
		E-mail address: (t	to be used for future annual report notifi	ication)	
For further in	nformation co	ncerning this matter, please ca	all:		
MATTHEW	V CRAIG		314 322-0936		
Name of Person at () Area Code Daytime Telephone Number			Telephone Number		
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	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:

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Registration Section

TO:

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

LILLIAN COLLECTIVE, LLC						
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on and assigned document number L16000213701						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."				
Enter new principal offices address, if applicable:	522 S. HUNT CLUB BLVD. #573	18 18				
(Principal office address MUST BE A STREET ADDRESS)	APOPKA, FL 32703	CRE				
		05. 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.				
Enter new mailing address, if applicable:	522 S. HUNT CLUB BLVD. #573	Y OF THE				
(Mailing address MAY BE A POST OFFICE BOX)	APOPKA, FL 32703	.				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the ne				
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 = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Add	
			□ Remove	
			Change	
			Add	
			□ Remove	
		 	Change	
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			Remove	
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		<u>-</u>	Change	
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	rmation, enter change(s) here: (Attach additional shee		
			
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Note: If the date inserted in t	is the date of filing: the must be specific and cannot be prior to date of filing or more than 90 is block does not meet the applicable statutory filing requires the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605. ments, this date will not be liste	0207 (3)(t d as the
If the record specifies a de (b) The 90th day after the	ayed effective date, but not an effective time, at record is filed.	12:01 a.m. on the earlie	er of:
Dated MAY 25	2018		
(hari	Signature of a member or authorized representative of a mem	her	
CHARITY L. CR	9		

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Typed or printed name of signee

Filing Fee: \$25.00