# 470015090

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SECRETARY OF STATE

ALL MASSEE FLOWN.

D. SCOTT FEB 1 4 2017

# **COVER LETTER**

TO: Registration Se Division of Co				
Flauricolog	gy, LLC.			
Sobject.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Laurie Jacobson			
		Name of Person		<b>-</b>
	Flaurieology, LLC			
	<del> </del>	Firm/Company		_
	6673 NW 24 Terrace			TALLY SEGRETA
		Address		三三二
	Boca Raton, FL 33496			TO P
	lajacs@gmail.com	City/State and Zip Code		FILED  FEB 13 PH 3: 06  PREIARY OF STATE  ANIMASSEE, FLORIDA
	E-mail address: (	to be used for future annual report	notification)	6 G
For further information of	concerning this matter, please co	all:		
Laurie Jacobson		954 249-865 at ( )	51	
Name o	of Person		ytime Telephone Numb	er
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & cd Copy al 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

### TO ARTICLES OF ORGANIZATION OF

Flaurieology, LLC.			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now app nited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Comp.  L1700015090  .	pany were filed on	January 18, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," th	ne designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>s)</u>		
			SEC S
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		····	A m
			100 PM 0
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office address</li> </ol>		on our records,	enter the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter i	Florida street address	
		, Flori	
	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

# or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR Laurie Jacobson	6673 NW 24 Terrace	☐ Add	
		Boca Raton, FL 33496	☐ Remove
			☐ Change
<del></del>			D Add
			☐ Remove
			Add
			SECRETATION CHange
			Add ORDO A Remove
			□ Change
	- Application Services		
			☐ Remove
		□ Change	
			Add
			☐ Remove
			☐ Change

We are changing this company f	rom Manager Managed to Member Managed.	<u>, , , ,</u>
1		
	4.5.55	
* * * * * * * * * * * * * * * * * * *		<u> </u>
***************************************		
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		7 S 3
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		32 -
		MAC WITT
	January 18, 2017	E P
fective date, if other than the da	te of filing:	(optional) $\frac{\omega}{2} = \frac{\omega}{2}$
ote: If the date inserted in this block in the Department's effective date on the Department.	specific and cannot be prior to date of filing or more that does not meet the applicable statutory filing requirement of State's records.	uirements, this date will not be listed a
record specifies a delayed e The 90th day after the record	ffective date, but not an effective time, I is filed.	at 12:01 a.m. on the earlier o
February 6	2017	
ated	Laurie A freehou	
Sig	nature of a member of authorized representative of a n	nember
	Lawie A. Jacobson Typed or printed name of signee	
•	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00