# 11700015878

(Re	questor's Name)	
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MAR 21 2017 S. YOUNG



## "COVER LETTER"

TO:	•	tion Section of Corporations				
SUBJE	ECT:	Lulak	be Mi	chelle	Creel	LLC
				Limited Liabili		
The end	closed Artic	cles of Amendmer	nt and fee(s) are	submitted for	r Kling.	

Please return all correspondence concerning this matter to the following:

Michelle Creel

Name of Person

Lulakoc Michelle Creel LLC

Firm/Company

1549 NE 27+ S+

Address

Pompano Beach, FL 33064

City/State and Zip Code

Michellecreel. Iula Roe C gmail. com

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

THE TO PHIZ: IT

For further information concerning this matter, please call:

Michele Creel at (706) 258-7042

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

f\$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

A A. 1

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LULAKOE VIChelle	Creel LLC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	ibility Company)
The Articles of Organization for this Limited Liability Company we Florida document numberL1700015878	vere filed on Jan 20, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the	Fashions LLC
The new name must be distinguishable and contain the words "Limited Liability	y 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)	R17 P1 12: 13
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Ziv Code
	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
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			Change
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Filing Fee: \$25.00