L17000041263

(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
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COVER LETTER

	Division of Co		*		
SUBJEC	LULARO:	E STACY BUTLER AND BEC	CCA WILHITE, LLC		
SUBJEC		Name of Lin	nited Liability Company		
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all corresp	ondence concerning this matter	to the following:		
		Stacy Butler			
			Name of Person		
			Firm/Company		
		1650 Oakhill Rd			ر میسید مراجع موجود کاران در این
			Address		7
		Gulf Breeze, FL 32563			HAR 29
		stacyandbeccalularoe@gma	City/State and Zip Code		
		•	to be used for future annual report notif	fication)	A 12
For furth	er information	concerning this matter, please c	all:		PM 12: 08
Stacy Bu	ıtler		850 565-7774 at ()		
	Name	of Person	Area Code Daytime	e Telephone Number	
Enclosed	l is a check for t	the following amount:			
\$25.0	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 Sta Certified Copy (additional copy is er	
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations dox 6327 assee, FL 32314	STREET/COURI' Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32.	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LULAROE STACY BUTLER AND BE		
(<u>Name of the Limited Li</u> (A Fi	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on February 21, 2017	and assigned
Florida document number L17000041263	•	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
STACY BUTLER AND BECCA WILHITE, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation L.C.
Enter new principal offices address, if applicable	:	Z PAR
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
Enter new mailing address, if applicable:		15.1
• • • • • • • • • • • • • • • • • • • •	^	5 8
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	· -	er the name of the nev
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

ANIDK - A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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Note:	re date, if other than the date of filing: February 21, 2017 (optional) tive 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 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 30th day after the record is filed.
Dated .	na - 1 27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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Filing Fee: \$25.00