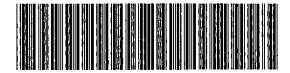
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Requestor's Name)	<u>.</u>
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Address)	
City/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Solution Of Col		?	
SUBJI	LuLaRoe I	Lauren Beth LLC		
3013	EC1	Name of Lin	nited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Lauren Housman		
			Name of Person	
		LuLaRoe Lauren Beth LL	С	
			Firm/Company	
		4280 Miami Ave		
			Address	
		West Melbourne, Fl 32904		
			City/State and Zip Code	
		lularoelaurenbethhousman@	- -	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Lauren	n Housman		904 534-2657	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$25	5.00 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 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

LuLaRoe Lauren Beth, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 14, 2017 and assigned Florida document number L17000083969 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lauren Beth LLC The new name must be distinguishable and contain the words "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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter like registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Suter Florida street address City Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

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
			LAND AND AND
			Remove
			LLAHASSEE FLORIDA
			□ Add
			□ Remove
			☐ Change
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			☐ Change
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E. Effective date, if other than the date of filing:		(optio	nal)	
(If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable stat	of filing or more t	han 90 days after f	iling.) Pursuant to	605.0207
document's effective date on the Department of State's records.	indicity thing to	quirements, tins	aute will not be	nsted as
If the record specifies a delayed effective date, but not an ef	ffective time	e, at 12:01 a.	m. on the ea	rlier of
(b) The 90th day after the record is filed.				
Dated May 2 , 2017				
Dated			,	
HIIISON HOUSON				
Signature of a member or authorized rep	presentative of a	member		-

Page 3 of 3

Filing Fee: \$25.00