## L17000 093 228

(Derwenteds Name)
(Requestor's Name)
LYONS, LAUREN I 809 ROBIN AVE PALM HARBOR, FL 34683
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 9/12/19 LAUREN 14 DNS Advised to Add Suggister Add Suggister Add
Office Use Only



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September 11, 2019

LAUREN LYONS 809 ROBIN AVE PALM HARBOR, FL 34683

SUBJECT: WHEEL N' WARDROBE LLC

Ref. Number: L17000093228

We have received your document for WHEEL N' WARDROBE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 419A00018793

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION · OF

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	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 4 20 11 and assigned
Florida document number <u>L17000093228</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	oility company here:
Lauren's Fash was L The new name must be distinguishable and contain the words "Limited Liabil	Usy Company "the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Elithica Elatin	809 Robin Ave
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Palm Harbor, FL 39683
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	809 Robin Ave Palm Harbor, FL 39683
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addered or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Lauren Lyons	809 Robin Ave	Add
		Palm Harbor, FC 346	<u>}3</u> □ Remove
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Note:	ive date, if other than the date of filing: \$\frac{30}{30}\frac{9}{9}\$ (optional)  ective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
Dated	August 30 . 2019.
	The state of the s
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00