117000/05040

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:

Office Use Only



T 11_11.D

11/28/17--01031--013 **25.00

ZULI NOV Z / API II: 30

'ONS

NOV 2 9 2017

COVER LETTER

Division of Corporations'
SUBJECT: True You Color HATS BY ME, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Monica S. Early Name of Person
M. E. Creations, LLC Firm/Company
6922 Sea Turtle Cir
MANAME, FL 32566 City/State and Zip Code
mearly 0417 @ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Monica S. Early at 334, 546-1978 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee & \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

TRUE YOU CO. OR I (Name of the Limited Limbility Comp (A Florida Limited	HATS RUME I	ICE TO
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000105041</u>)	y were filed on <u>5/11/17</u>	and assigned:
This amendment is submitted to amend the following:		<u>د</u> م
A. If amending name, enter the new name of the limited lial M. E. Creations, LLC The new name must be distinguishable and contain the words "Limited Liab	<u> </u>	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6922 SeaTi NAVARRE, F	ortle Cir
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as pri	ncipal
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F . 19	
	Enter Florida street address	
	, Florie	da Zip Code
Name Bandara and Arrasal Oleman and Walking to the Care of Arrasal		

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 = N	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			□ Remove
			☐ Change
			Add
			□ Add
			☐ Remove ☐ Change
			Add ??
			□ Remove
		/	☐ Change
		/ - ————————————————————————————————————	bbA □
		****	☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
	/	• • • • • • • • • • • • • • • • • • • •	
		***	☐ Remove

•							
•	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
					/		
	-						
	· · · · · ·		· · · · · ·	_/_			
						· · · -	
			/				
	<u>-</u> .		<u></u> -			35	2
						3	ب
<u></u>			•	·····	.		
		<u>/</u>					
							رد د -
							·
							
					,		
	<i>/</i>						
							
entra de la colonia.	** 41 41 41		11/21/1	7		D.	
an effective date	e, if other than the of is listed, the date must	be specific and canno				ng.) Pursuant to 605.	
ote: If the do	ite inserted in this blo ective date on the De			ory filing require	ments, this da	te will not be liste	ed as t
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	ecifies a delayed	effective date.	but not an effe	ctive time, at	t 12:01 a.m	on the earlie	er of:
cument's eff			out not an ene	care anne, a	L ILIUI GIII	. on the carne	0.
ocument's effi	lay after the reco						
ocument's effi e record sp	1 1						
e record sp The 90th d	lay after the reco $ a a $.				
e record sparted	1/21/17		<u> </u>				
e record sparted	1/21/17	icas. Signature of a member	ouly	sentative of a men	ther		
e record sparted	1/21/17	Signature of a member			aber		

Page 3 of 3

Filing Fee: \$25.00