

L 17000115672

(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:

W17-47557 Sign

Office Use Only



100299824681

06/05/17--01020--012 **30.00

FILED

2017 JUN 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2017

MICHELLE L RAYMOND
5268 NW RUGBY DR.
PORT ST. LUCIE, FL 34983

SUBJECT: LULAROE MICHELLE L RAYMOND LLC
Ref. Number: L17000115672

RECEIVED
2017 JUN 19 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LULAROE MICHELLE L RAYMOND LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

As per our conversation, please fill in the hi-lited areas.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00011324

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LuLaRoe Michelle L Raymond 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:

Michelle L Raymond

Name of Person

Firm/Company

5268 NW Rugby Drive

Address

Port St Lucie, Florida 34983

City/State and Zip Code

lularoemichelleraymond24@gmail.com

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

For further information concerning this matter, please call:

Michelle Raymond

561 308-2552
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 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 Michelle L Raymond LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 JUN 16 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 25, 2017 and assigned
Florida document number L17000115672.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Under the Sea Styles LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 the name of the new registered agent and/or the new registered office address here:

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michelle L Raymond	5268 NW Rugby Dr Port St Lucie, FL 34983	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 JAN 16 PM 2:58
FILED
STATE OF FLORIDA
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

2017 JUN 16 11:11
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 JUN 16 PM 2:58
CLERK OF DISTRICT
COURT
TALLAHASSEE, FLORIDA

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____

Michael L. Raymond
Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Michelle L. Raymond

Typed or printed name of signee