

LI7000118322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

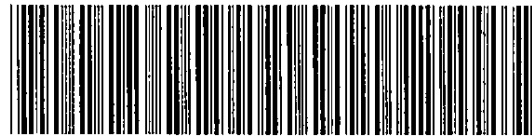
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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06/12/17--01022--022 **25.00

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17 JUN 23 PM 1:23

DIVISION OF CORPORATIONS

1 SIMMONS

JUN 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2017

JO ANNA ELDER
4454 LAZY H LN
CHRISTMAS, FL 32709

SUBJECT: PIXIE DUST AND LACE, LLC
Ref. Number: L17000118322

We have received your document for PIXIE DUST AND LACE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 817A00011948

RECEIVED
2017 JUN 23 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Corrected form June 21, 2017
See attached

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pixie Dust and Lace, 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:

JoAnna Elder
Name of Person

Pixie Dust and Lace, LLC
Firm/Company

4454 Lazy H Lane
Address

Christmas, FL 32709
City/State and Zip Code

pixiedustandlace@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JoAnna Elder at (407) 325-7840
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Pixie Dust and Lace, 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 May 30, 2017 and assigned Florida document number L17000118322.

This amendment is submitted to amend the following:

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

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 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

City Florida 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

Title	Name	Address	Type of Action
AMBR.	Heidi L. Eri	624 Hampshire Lane	<input checked="" type="checkbox"/> Add
		DViedo, FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR.	Melissa Feyer	4602 Lazy H Lane	<input type="checkbox"/> Add
	Please correct Spelling of first name: Melissa	Christmas, FL 32709	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF
CONFIRMATION

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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17 JUN 23 PM 1:23
DIVISION OF CORPORATIONS

F. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated June 21, 2017

Lanna Elder
Signature of a member or authorized representative of the community

Signature of a member or authorized representative of a member

JoAnna L. Elder

Typed or printed name of signee