

L17000149529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

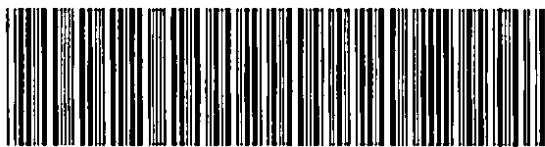
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TALLAHASSEE, FLORIDA

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AUG 14 2017

COVER LETTER

**TO: Registration Section
Division of
Corporations**

**SUBJECT: LuLaRoe by Cathy Brown, 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:

I am the attorney representing the member and company.

Michael J. Quicker, Esq.

OFFICE

7061 South Tamiami Trail
Suite 106
Sarasota, FL 34231

Telephone:

E-Mail: MJQuickerLaw@verizon.net

MAIL

P.O. Box 19797
Sarasota, FL 34276-2797
941-926-2338

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

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**ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF
LuLaRoe by Cathy Brown, LLC
(A Florida Limited Liability Company)**

The Articles of Organization for this Limited Liability Company were filed on July 12, 2017 and assigned Florida document number [117000149529].

This amendment is submitted to amend the following:

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

CB's Unique Boutique, LLC

Enter new principal offices address, if applicable:

No Change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No Change

(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: No Change

New Registered Office Address: No Change

Enter Florida Street address

City

Zip Code

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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 608, 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

I If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	No Change		Add <input type="checkbox"/>
			Remove <input type="checkbox"/>
			Add <input type="checkbox"/>
			Remove <input type="checkbox"/>
			Add <input type="checkbox"/>
			Remove <input type="checkbox"/>
			Add <input type="checkbox"/>
			Remove <input type="checkbox"/>

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Add ☐
Remove ☐

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

No Change

Dated: 8/9/17 Cathern A Brown
Signature of a member or authorized representative of a member

Cathern A. Brown
Typed or printed name of signee