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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOVELY LULA LOF ST STERS 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:
MAR STATA ROBERTSON Name of Person
Firm/Company
2542 CINNAMON SPRINGS TPL
JACKSONJEUE FL 32746 City/State and Zip Code
LOVELY LULADOF STISTERS @ GMATL. CON E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARSTAA POSTNSON at (904) 469 - 5153 Name of Person at (2004) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \seteq \text{\$\subseteq \seteq \

## 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

LOVELY LULARDE SIST

( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>LNTOOON698</u> 6	Company were filed on <u>0810912011</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
TRIPLE M LOVEL	Y SISTERS LLC
The new name must be distinguishable and contain the words "Lim	mited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
	C steamen
	and the state of t
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	W
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the ne</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zin 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>	Address	Type of Action
			□ Add
			🗆 Remove
		,	Change
			D Add
			Remove
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		20 C	' <b>129</b> Add
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			□ Change
			Add
			□ Remove
			Change

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Fffee	tive date, if other than the date of filing: $901201$ (optional)
(If an e Note	flective 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	09/01.2017.
	111200
	Signature of member or authorized representative of a member
	MARSIDA ROBINSON
	Typed or printed name of signee
	Page 3 of 3
	Pana Ant L

Filing Fee: \$25.00