

(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 1 ming Officer.





05/23/18--01004--004 **25.00

COVER LETTER

TO:	Registration S Division of Co				
		Elizabeth A Bridges, LLC			
SUBJE	ct:	Name of Lim	ited Liability Company	 	
The encl	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all corresp	pondence concerning this matter	to the following:		
		Elizabeth Bridges			
			Name of Person		
		LuLaRoe Elizabeth A Brid	lges, LLC		
Firm/Company					
		3718 Eastview Avenue			
	Address				
		West Palm Beach, FL 3340	07		
	City/State and Zip Code				≓a . i
		LuLaRoeElizabethABridge:			
For furth	ner information	e-mail address: (concerning this matter, please co	to be used for future annual re	port noutication)	
	h Bridges	concerning this matter, prease of	561 352-4	1422	
	Name	of Person	at () Area Code	Daytime Telephone Number	
Enclosed	d 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 enclose	ed) Certified	e of Status &

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 Elizabeth A Bridges, LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	April 15, 2018 and assigned
lorida document number L18000098553	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compar	ny here:
Elizabeth A Bridges Fashion Retailer, LLC	
he 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)	
3. If amending the registered agent and/or registered office addres	s on our records, enter the name of the
egistered agent and/or the new registered office address here:	:
	,
Name of New Registered Agent:	,
N. B. S. JOS. All	~
New Registered Office Address: Ente	r Florida street address
	19. 14
Cuv	, Florida 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
			□ Remove
			☐ Change
			Add
			Remove
		···	
			□ Add
			□ Remove
			Change
			Add
			Remove
		 	☐ Remove
			☐ Change
			Add
			Remove
			□ Change

•		(s) here: (Attach additional sheets, i	y nicetimary.y	
			April	15, 2018
				
			•	
	May 22	2018		
			<u>-</u>	
Effective date	e, if other than the date of filing:		(optional)	
(If an effective da <u>Note:</u> If the d	ate is listed, the date must be specific and cannot late inserted in this block does not meet the Tective date on the Department of State's a	be prior to date of filing or more than 90 day e applicable statutory filing requiremen	s after filing.) Pursuant to 605.02	07 (3)(b) as the
the record sp) The 90th	pecifies a delayed effective date, l day after the record is filed.	but not an effective time, at 12	Eliza :01 a.m. on the earlier	beth Bri of:
Dated	·			
	/- //	ebeth Bridges or authorized representative of a member		/

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Typed or printed name of signee

Filing Fee: \$25.00