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COVER LETTER

TO:

то:	Registration Section Division of Corporations		
SUBJE	T. LOTS OF LOVE A	eriving Soon U	-C
SOBAL		Limited Liability Company	
The enc	osed Articles of Amendment and fee(s) are	submitted for filing.	
Please re	turn all correspondence concerning this ma	tter to the following:	
	HARITZ	PA GONZALEZ Name of Person	
	,	Name of Person	
	Lots of	LOVE Appiving	SOON LLC
	 :	Firm/Company	
	6284 BRA	Address	
		Address	
	Love W	City/State and Zip Code	7
		City/State and Zip Code	
	MGONZAL	EZ 131 @ GHAIL . CON	{
		•	uncation)
For furth	er information concerning this matter, pleas	se call:	
M	ARITZA GONZALEZ	a(<u>917)</u> 608	0669
	Name of Person	Area Code Dayti	me Telephone Number
Pinclose	is a check for the following amount:		
\$25	00 Filing Fee & Certificate of Status	S55.00 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/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOTS OF LOVE A	eriving	Soon	LLC			
(<u>Name of the Limited Lia</u> (A Flo	bility Company as i rida Limited Liability	t now appears (y Company)	n our record	<u>s.</u>)		
The Articles of Organization for this Limited Liability Florida document number		filed on	io/3	2018	and assign	ed
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the l	<u>imited liability c</u>	ompany here	:			
The new name must be distinguishable and contain the words	Limited Liability Cor	mpany," the desi	gnation "LLC	or the abbrev	riation "L.L.C	•
Enter new principal offices address, if applicable:				K		
(Principal office address MUST BE A STREET AD	DRESS)		M		- 1	
Enter new mailing address, if applicable:	_			1	6 51 1	
(Mailing address MAY BE A POST OFFICE BOX)		 ;		<u>八下</u>	<u> </u>	
					r\)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	***	address on c	our records	s. enter the	name of	the new
			1	٨		
Name of New Registered Agent:	 			X		
New Registered Office Address:		Enter Florid	a street addres.	<u> </u>		
		City	Flo	orida	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** Address **Type of Action** Name HGR HARITZA GONZALEZ 6284 BRANCH WOOD DRIVE Change NAVOY MARINI 9295 PECKY CUPNESS LNXAdd MGR. ☐ Remove Boca Raton Fl 33428 □ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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E ffootiv	we date, if other than the date of filing: $\frac{10/22/18}{}$	optional)		
(If an effec Note: If	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days of the date inserted in this block does not meet the applicable statutory filing requirement of state's effective date on the Department of State's records.	s after tiling.) Pur	suant to 60 not be lis)5.0207 (3 sted as th
	ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	01 a.m. on	the earl	ier of:
	$(\cap ()) \cap () = 0$			
Dated _	Oct 221d (). 2018.			
	» Marita, Anualoz			
	Signature of a member or authorized representative of a member			
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Page 3 of 3

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