

L19000005217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

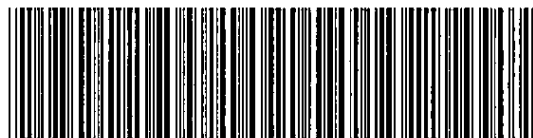
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/09/19--01007--035 **52.50

03/10/15--0116--000 **7.50

FILED
19 SEP 10 AM 9:58
SECTION OF STATE
FALL ARRESTED FLORIDA

SEP 11 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Love Me Solutions, 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:

Yahdira Rodriguez Prado
Name of Person

Love Me Solutions, LLC
Firm/Company

12505 Upper Harden Ave
Address

Orlando FL 32827
City/State and Zip Code

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

For further information concerning this matter, please call:

Yahdira Rodriguez Prado at (813) 210-3771
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: Already sent check for \$52.50 (Ref # L19000005217)

☐ \$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

RECEIVED

AUG 30 2019

Note: Already sent check for \$52.50. Included check for \$7.50 for the difference to pay the \$60.00 Filing fee, Certificate of Status

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Love Me Solutions, 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 1/3/2019 and assigned
Florida document number L19000005217

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12505 Upper Harden Ave.
Orlando, FL 32827

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12505 Upper Harden Ave.
Orlando FL 32827

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:

Yahdira Rodriguez-Prado

New Registered Office Address:

12505 Upper Harden Ave

Enter Florida street address

Orlando

City

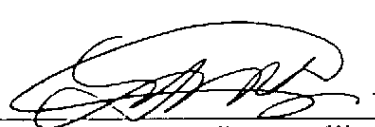
Florida

32827

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lisa Matthews	8708 Raymond St	<input type="checkbox"/> Add
		Orlando, FL 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF STATE
 FALL AMASSPECT, ORIDA
 18 SEP 00 AM 9:50
 FILED

19 SEP 10 AM 9:58
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

FILED
19 SEP 10 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated August 29, 2019

Signature of a member or authorized representative of a member

Yahaira Rodriguez-Prado
Typed or printed name of signee