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## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJE	ect.	) w We I	LC		
SUBJI	.C.:	Luv' We 1	nited Liability Company		
The en	closed Articles of a	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspor	ndence concerning this matter	r to the following:		
		Jamesh	S Jacks Name of Person		-
			Firm/Company		•
		1141 Kende	eu town 944	unit 2313	-
		<u>Jaguson</u>	City/State and Zip Code	2256	
		Shari Lu E-mail address:	v. me O but 1 (to be used for future annual r	CCK · COM	2019 HAR 28
For fur		oncerning this matter, please o			
	Name of	IN S JOCKSCA	at (CC) 6 Area Code	362 ーリミン Daytime Telephone Number	FH 8 F3
Enclos	ed is a check for th	e following amount:			
<b>(</b> 1 <b>\$</b> 2∶	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifica losed) Certified	ite of Status &
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registrati Division o Clifton B	C/COURIER ADDRESS: ion Section of Corporations uilding ccutive Center Circle	

Tallahassee, FL 32301

Fallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luv' Me LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on2	15/2019 and assigned
Florida document number 1910000 46213	
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:  Name of New Registered Agent:	r records, enter the name of the new
New Registered Office Address:	
Enter Florida si	treet address
	, Florida 2775 63
City	Zip Code 2
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chap being filed to merely reflect a change in the registered office address, I hereby company has been notified in writing of this change.	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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

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