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(Requestor's Name)
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SECULIARISE FLORIDA

10/11/20

COVER LETTER

TØ: Registration Division of O	n Section Corporations	₩ _{at}	
	LETA LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	BLANCA ZAMBRANO		
		Name of Person	
			- 2
		Firm/Company	7020 SF
	1560 SAWGRASS COR	PORATE PARKWAY 4TH FLOO	
	•	Address	OSEF C
	SUNRISE FL 33323		PM 2: 07
		City/State and Zip Code	ORIUE ORIUE
	BLAN.61@HOTMAIL.C	OM (to be used for future annual report no	(iffication)
For further information	on concerning this matter, please	·	uncaumy
BLANCA ZAMBRA		786 2375255	
Nan	ne of Person		me Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	2 □ \$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)
<u>Mailing Add</u> Registratio		Street Address: Registration S	ection
Division o	f Corporations	Division of Co	orporations
P.O. Box 6 Tallahasse	6327 e. FL 32314	The Centre of 2415 N. Monr.	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MI PALETA LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number P19000014361	were filed on FLORIDA and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
LULU MARKET LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	-1, 2
Enter new mailing address, if applicable:	VS. 2
(Mailing address MAY BE A POST OFFICE BOX)	
	2: (
	TOP TOP
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City 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>	Address	Type of Action
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			□Remove
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ecord specifies a delayed effective date, but not an effective is filed.	e time, a	t 12:01 a.	n. on the o	earlier of:	(b) The	90th d	ay after th
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Signature of a memoer or aut							