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## **COVER LETTER**

TO: Registration So Division of Cor		· .
LOUIE TH	E LURE DESIGNS, LLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	SALMA BENKABBOU	
		Name of Person
	THE BENKABBOU LAV	V FIRM, PLLC
	<del></del>	Firm/Company
	620 E. TWIGGS STREET	C. STE 303
		Address
	TAMPA, FL 33602	
		City/State and Zip Code
	ADMIN@BENKABBOUL	
		to be used for future annual report notification)
For further information c	oncerning this matter, please c	ail:
SALMA BENKABBOU	I	813 586-3351 EXT. 0
Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:
Registration S Division of C		Registration Section Division of Corporations
P.O. Box 632		The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOUIE THE LURE DESIGNS, 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 JANUARY 01, 2020 and assigned Florida document number  $\underline{1.20000007370}$ 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) 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

. Florida

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
AMBR	LUIS M. MALDONADO JR.	2527 OHIO PLACE , TAMPA, FL 34691	□Add
			<b>≡</b> Remove
			□Change
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Note:	ve date, if other than the date of filing:
record is fil	I 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 ed.
Dated .	JANUARY 31 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00