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FEB 12 2021 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LULU Lisa L.L.C. 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:	
Usa Petty Name of Person	
LULULISA L.L.C. Firm/Company	
9043 NW 61St Street	
Tamarac, Fl 33321 City/State and Zip Code lelepetty 10 @ gmail. com E-mail address: (to be used for future annual report notification)	
lelepetty 10 @ gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (954) 205 - 6770 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate □ \$60.00 Filing Fee, Certifica	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	20
11/11/164	116	
(Name of the Limited Linhil)	ity Company as it now appears on our records.)	200
	a Limited Liability Company)	ရှင်သို့ ဟ
The Articles of Organization for this Limited Liability (Company were filed on April 22, 2	020 and Essigned
Florida document number <u>L2 0000 109 746</u>	·	-
This amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the lim	ited liability company here:	
1 111 11 1SA 1	10	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registere	d 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:	· · · <u>-</u> -	
New Registered Office Address:		
· -	Enter Florida street address	
	, Floric	la
	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
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
	_ 		□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

effectiv e: If t	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fint's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed a
cord sp filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.r.d.	n. on the earlier of: (b) The 90th day after th
	 .	
ed		

Filing Fee: \$25.00