L20000235416

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PICK-UP WAIT MAIL	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	gn Bar, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ericka L. Stewart	į	
		Name of Person	
	Lucy's Design Bar, LLC		
		Firm/Company	
	2757 NW 13th Street		
		Address	
	Pompano Beach, FL 33069)	
	Lucysdesignbar@gmail.com E-mail address: (City/State and Zip Code n to be used for future annual report not	ıfication)
For further information c	oncerning this matter, please ca	all:	
Ericka L. Stewart		954 254-0009 at ()	
Name o	f Person	Area Code Daytin	ne 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	one in our
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	
Tallahassee, I	FL 32314		be Street, Suite 810
		Tallahassee, FI	_ 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucy's Design Bar, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our recor pility Company)	<u>'ds.</u>)	
The Articles of Organization for this Limited Liability Company we Florida document number L20000235416	ere filed on 8/5/20		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	C" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	20
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	020
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			30
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		S.	ر ي
		*	<u>o</u>
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>ente</u>	r the name of	the new register
New Registered Office Address:	Enter Florida street addro	ess	
	<u>. </u>	lorida	
	City	7	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	erformance of my duties, a ovided for in Chapter 605	and I am fami , F.S. Or, if th	iliar with and his document is

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ericka L. Stewart	2757 NW 13th Street	□ Add
		Pompano Beach, Ft; 33069	□Remove
			\equiv Change
			□Add
		-	□Remove
			□ Change
			□Add
			□Remove
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ffective	date, if other	than the dat	e of filing: _	ما سينسم ما دم	data of filing o	r more than 90 days	optional)	
an enect iote: If	the date inserte	d in this block	does not meet	the applicab	e statutory fi	ling requirements	this date will:	not be listed as
	t's effective dat							
		ed effective da	te, but not an	effective time	e, at 12:01 a.r	n on the earlier o	of: (b) The 90t	h day after the
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