120 000296934

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	b.

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COVER LETTER

TO:	Registration Sect Division of Gorp			, . 	¥.	
	Lulu Mahal, I	LLC				ч
SUBJE	un:	Name of Limi	ted Liability Company			
		mendment and fee(s) are sub dence concerning this matter				
		Shannon Rico				
			Name of Person			-
		Lulu Mahal, LLC				
			Firm/Company		- <u>-</u>	_
		3600 Carlton Pl				
			Address			_
		Boca Raton, FL 33496				
			City/State and Zip Code			-
		Shannon.ri@aol.com				
			to be used for future annual	report notificat	ion)	
For furt	her information co	ncerning this matter, please ca	all:			
Shanno	n Rico		786 26 at ()	6-8607		
	Name of	Person	Area Code	Daytime Te	lephone Numbe	2r
Enclose	d is a check for the	following amount:				
\$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is end)		Certifie	ate of Status &
	Mailing Address	<u>.</u>	Street A	ddress:		

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

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

ARTICLES O	F AMENDMENT	
ADTICLES OF	TO ORGANIZATION	,
ANTICLES OF	OF	
LULU MAHAL, LUC		``,
(Name of the Limited Liability Con	apany as it now appears on our record ed Liability Company)	<u>,,</u>) .
(A Florida Limit	ed Liability Company)	5
The Articles of Organization for this Limited Liability Compa	inv were filed on $\frac{9/21/2020}{2}$	and assigned $\sum_{i=1}^{n}$
Florida document number L20000296934		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
A. If antending bane, <u>citer the new name of the money of</u>	anney company nere.	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the decimption "11C	" or the abbraviation "L. F. C."
The new name must be distinguishable and contain the words. Climited Li	ability Company, the designation LLC	or the aboreviation (1.1
Enter new principal offices address, if applicable:	- <u></u> <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 offic	a addrass on our records, antar	the name of the new registe
agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
	<u></u>	
New Registered Office Address:		
	Enter Florida street addres	5
		orida
	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 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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<u>Title</u>	Name	Address	Type of Action
Mgr	Roslyn Littman	3600 Carlton Pl	🗆 Add
		Boca Raton, FL 33496	Remove
			□Change
Mgr	Shannon Rico	3600 Carlton Pl	🖹 Add
		Boca Raton, Fl 33496	🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			🖸 Change
	<u> </u>		🗆 Add
			🗆 Remove
		. <u></u>	□Change
			□Add
		<u> </u>	
			🗆 Change

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Notes	tive date, if other than the di flective date is listed, the date must b 1 If the date inserted in this bloc ment's effective date on the Dep	k does not meet uie applicable sulutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3)(ry filing requirements, this date will not be listed as the
If the reco record is f	rd specifies a delayed effective o iled.	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
Dated	January 16	2021	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

hannal ١ Signature of a member or authorized representative of a member Shannon Rico

Typed or printed name of signee