

170 000296934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

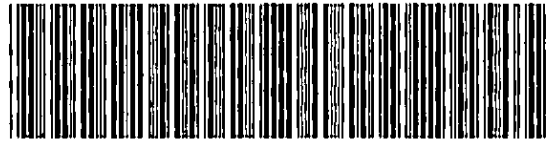
(Business Entity Name)

(Document Number)

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01/20/21--01004--002 \*\*25.00

2021 FEB 10 10:00

Amend

FEB 10 2021

1 ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lulu Mahal, LLC

\_\_\_\_\_  
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:

Shannon Rico

\_\_\_\_\_  
Name of Person

Lulu Mahal, LLC

\_\_\_\_\_  
Firm/Company

3600 Carlton Pl

\_\_\_\_\_  
Address

Boca Raton, FL 33496

\_\_\_\_\_  
City/State and Zip Code

Shannon.ri@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Rico

786 266-8607  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

—

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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>    | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|----------------|----------------------|--|
| Mgr          | Roslyn Littman | 3600 Carlton Pl      | <input type="checkbox"/> Add               |
|              |                | Boca Raton, FL 33496 | <input checked="" type="checkbox"/> Remove |
|              |                |                      | <input type="checkbox"/> Change            |
| Mgr          | Shannon Rico   | 3600 Carlton Pl      | <input checked="" type="checkbox"/> Add    |
|              |                | Boca Raton, FL 33496 | <input type="checkbox"/> Remove            |
|              |                |                      | <input type="checkbox"/> Change            |
|              |                |                      | <input type="checkbox"/> Add               |
|              |                |                      | <input type="checkbox"/> Remove            |
|              |                |                      | <input type="checkbox"/> Change            |
|              |                |                      | <input type="checkbox"/> Add               |
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|              |                |                      | <input type="checkbox"/> Add               |
|              |                |                      | <input type="checkbox"/> Remove            |
|              |                |                      | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

2021

**Dated**

Shannon D. O.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**