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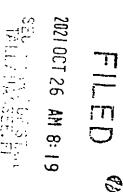
| (Requestor's Nam                        | e)            |  |
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| PICK-UP WAIT                            | MAIL          |  |
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| Certified Copies Certifica              | tes of Status |  |
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| Special Instructions to Filing Officer: |               |  |
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Office Use Only



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C. BRUMBLEY

## **COVER LETTER**

TO:

| TO: Registration So<br>Division of Co                          |   |   |  |
|--|---|---|--|
| eun meer.  | LULU & CO LI                                    | C   | •  |
| SUBJECT:   |   | ited Liability Company  |  |
|  |   |   |  |
| The enclosed Articles of                                       | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all correspo                                     | ondence concerning this matter                  | to the following:   |  |
|  | LUCIE   | BENJAMIN  |  |
|  |   | Name of Person  |  |
|  |   |   |  |
|  |   | Firm/Company  |  |
|  | 6666 D MON                                      | ITEGO BAY BL  | V D  |
|  |   | Address   |  |
|  | BOCA RATO                                       | N, FL - 33433<br>City/State and Zip Code                                  |  |
|  |   |   |  |
|  | LUCIEB 41<br>E-mail address: (i                 | 5 @ GMAIL.COM to be used for future annual report notice                  | fication)  |
| For further information of                                     | concerning this matter, please ca               | all:  |  |
| LUCIE BE   | ENTAMEN   | 541, 715.   | 7337   |
|  | of Person                                       | at ( <u>DOT</u> ) <u>110</u><br>Area Code Daytime                         | e Telephone Number   |
|  |   |   |  |
| Enclosed is a check for t                                      | he following amount:                            |   |  |
| <b>ᢂ</b> \$25.00 Filing Fee                                    | ☐ \$30.00 Filing Fee &<br>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 Addre<br>Registration<br>Division of C<br>P.O. Box 632 | Section<br>Corporations<br>27                   | Street Address:<br>Registration Sec<br>Division of Cor<br>The Centre of T | porations<br>allahassee  |
| Tallahassee,   | FL 32314  | 2415 N. Monro<br>Tallahassee, FL  | e Street, Suite 810<br>32303   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LULU & CO L  | -LC   |  |  |
|--|---|--|--|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited L  | y as it now appears on our records.) ability Company)   |  |  |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L 21000382392</u> .  | were filed on August 26, 2021 and assigned  |  |  |
| This amendment is submitted to amend the following:  |   |  |  |
| A. If amending name, enter the new name of the limited liabil  |   |  |  |
| The new name must be distinguishable and contain the words "Limited Liabili  | y Company," the designation "LLC" or the abbreviation L.C."   |  |  |
| Enter new principal offices address, if applicable:  | <del>-</del>  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |  |  |
|  |   |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 9   |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | ddress on our records, enter the name of the new registered   |  |  |
| Name of New Registered Agent:  | <del></del>   |  |  |
| New Registered Office Address:   |   |  |  |
|  | Enter Florida street address  |  |  |
|  | , Florida<br>City Zip Code  |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  | Cny zap code  |  |  |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
|              |             |         | □Add           |
|              |             |         | □Remove        |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| F. Effective date, if other than the date of filing:  |
| 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. |
| Dated October 17th 2021.  |
| Dated October 1. 2021  Signature of a member or authorized representative of a member   |
| LUCIE BENJAMIN Typed or printed name of signee  |

Filing Fee: \$25.00