L23000301473



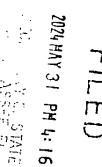
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor				,	,
Lottie And	Lola, LLC			<i>2</i>	:
SUBJECT: 5	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
	Angelica Thorne				
		Name of Person			_
	Lottie And Lola, LLC				
		Firm/Company			_
	5030 Wheeler Way				
		Address			_
	Pensacola, Florida 32526				
		City/State and Zip Code			
	owner@lottielola.com	to be used for future annual	niport notification	n)	
For further information c	oncerning this matter, please c				
Luke Thorne			59-929-1184		
Name o	f Person	at () Area Code	Daytime Telep	phone Numb	er
Enclosed is a check for the	he 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:
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

Lottie And Lola, LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	ndany as it now appears on our record ed Liability Company)	<u>is.</u>)		
The Articles of Organization for this Limited Liability Comparison document number <u>L23000307473</u> .	any were filed on June 27, 2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I	iability company here:			
Aleuma, LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		024 H		
Principal office address MUST BE A STREET ADDRESS	<u> </u>			
		31		
		PR III		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registered offi	ce address on our records, <u>enter</u>	the name of the new register		
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
The Management of the Manageme	Enter Florida street address			
	. FI	lorida		
	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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot block does not meet the	e applicable statu	filing or more than 90 d	_ (optional) lays after filing.) Pursuant t ents, this date will not b	o 605.0207 (3 e listed as th
he record specifies a delayed effectord is filed.	tive date, but not an effe	ective time, at 12	:01 a.m. on the earlie	er of: (b) The 90th day	after the
Dated May 18	2024	4			
Dates					
Qy	relinata	4. Tha	me		_
Ay	Signature of a member	t The or authorized repr	Tesentative of a member	г	_

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