

L17000132643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

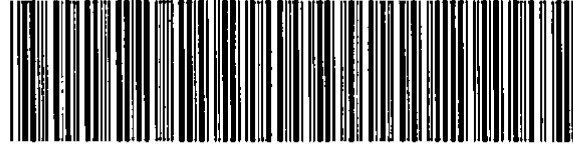
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2017 JUL 31 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
AUG - 2 2017

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Summer Vibes Boutique, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trisha Prill  
Name of Person

Summer Vibes Boutique  
Firm/Company

3200 N.W. 62 Ave #90  
Address

Margate  
~~Sumner Blvd~~, FL 33063  
City/State and Zip Code

trisha@summervibesboutique.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trisha Prill at ( 561 ) 900-6852  
Name of Person Area Code Daytime Telephone Number

Enclosed 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 enclosed)  
 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2017 JUL 31 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Summer Vibes Boutique, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6/19/17 and assigned

Florida document number L17000132643

This amendment is submitted to amend the following:

**. If amending name, enter the new name of the limited liability company here:**

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

**Enter new principal offices address, if applicable:**

**Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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 Changing Registered Agent, Signature of New Registered Agent**

removed from our records:

GR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Trisha Prill	6200 NW 62nd Ave	<input checked="" type="checkbox"/> Add
		Margate FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	Ryan Himmel	6200 NW 62nd Ave	<input type="checkbox"/> Add
		Margate, FL 33063	<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

2011 JUL 31 PM 3:51  
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 CLERK OF DISTRICT COURT  
 PALM BEACH COUNTY, FLORIDA

I, Ryan Himmel, understand I am being removed as  
a MGR.

*Ryan Himmel*

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DEPARTMENT OF STATE  
PALM BEACH COUNTY, FLORIDA

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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
) The 90th day after the record is filed.

Dated July 25<sup>th</sup> 2019

*Trisha Prill*

Signature of a member or authorized representative of a member

Trisha Prill

Typed or printed name of signee