

K20 000119973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

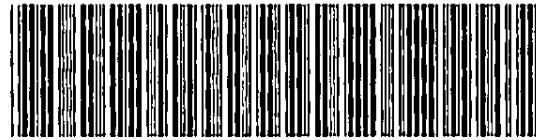
(Business Entity Name)

(Document Number)

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FILED  
2021 JAN 21 PM 6:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

3/4/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Opulent glo 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:

Ashay Macklin  
Name of Person  
*Current name*  
The Opulent glo llc  
Firm/Company  
8479 ~~000~~ McGriffs Village Ln  
Address  
Jacksonville, FL 32210  
City/State and Zip Code  
Ashaymacklin@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashay Macklin at (904) 463-4076  
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)

*Ashay*

**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

FILED

The Opulent Glo LLC

2021 JAN 21 PM 6:19

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on May 4, 2020 and assigned Florida document number L20000119973.

This amendment is submitted to amend the following:

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

(Define Boutique LLC)

Define Boutique LLC

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)

8479 McGriffs Village Ln  
Jacksonville, FL  
32210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8479 McGriffs Village Ln  
Jacksonville FL  
32210

B. 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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Hello good days. This form is to change the name of my current LLC The Opulentglo LLC. to Define Boutique LLC.

The address update is attached as well and again below

8479 McGriffs Village Ln. (Mcgriffs Village lane)  
Jacksonville, FL  
32210

The Florida document # is  
L20000119973

E. Effective date, if other than the date of filing: Jan 1<sup>st</sup> 2021 (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.

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 18 January 2021

Ashay Macklin  
Signature of a member or authorized representative of a member

Ashay Macklin  
Typed or printed name of signee