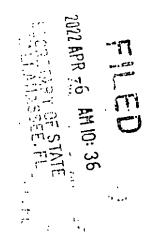
120000132183

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Received through email 4/6/22
Member Signature Office Use Only



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03/18/22--01011--003 **30.00



A. BUTLER APR 0 6 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Chiquitin world's	Boutique LLC d Liability Company
The enclosed Articles of Amendment and fee(s) are submit Please return all correspondence concerning this matter to	
Grace Avik	Name of Person
Chiquitin	world's Bootique Firm/Company
5271 Fez C	Address
	FL 34602 City/State and Zip Code
Exic the cade for E-mail address: (to	be used for future arrhual report notification)
For further information concerning this matter, please cal	l:
Grace Avila Del Name of Person	at (<u>813</u>) <u>51w· 12 w l</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILED

(Name of the Limited Liability Compar (A Florida Limited L	ny as idnow appears on our records.) 2022 APR -6 AM 10: 36 Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000132183</u> .	SECRETARY OF STATE
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5271 Fez CT
(Principal office address MUST BE A STREET ADDRESS)	Brooksville FL 34602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5271 FEZ CT Brooksvilk FL 34602
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:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature if changing Registered Agent-	

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗖 Add
	·		□Remove
	,		□Change
			□Add
			□ Remove
		***	□Change
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		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
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			□Change
	- 		□Add
			□Remove
			Change

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That out		tive date, but not an ef	fective time, at 12	2:01 a.m. on the earl	ier of: (b) The 90th (day after the
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Signature of a member or authorized representative of a member		Maa.	July			
		Signature of a member	r or authorized rep	resentative of a memb	er	
	Grace Avila Del Vall		d or printed name o			

Filing Fee: \$25.00



April 1, 2022

GRACE AVILA DELVALLE 5271 FEZ CT BROOKSCILLE, FL 34602

SUBJECT: CHIQUITIN WORLD'S BOUTIQUE LLC

Ref. Number: L20000132183

We have received your document for CHIQUITIN WORLD'S BOUTIQUE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

www.sunbiz.org

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Letter Number: 022A00007593