P09000079461

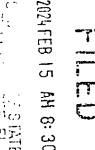
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Incorrect Form Check a box				

Office Use Only



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01/10/24--01031--001 **43.79





COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LITTMUTE DOCUMENT NUMBER: <u>PO900</u>0 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee XIS43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation

FILED

(Name of Corporation as currently filed with the Parida Dept. of State 30
P090000194(e)s:
(Document Number of Corporation (iffknpwn) STATE
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
(Stating address SIZIT BE ZITOST OFFICE BOX)
· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
1.10
Name of New Registered Agent
(Florida street address)
New Registered Office Address: WA . Florida
(City) (Zip Code)
·
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> John	n Doe	
-			
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Manager	Christian Labon	3419WDJudgeDe
X Add	7		Suite 150
Remove			ORlando Florida 32808
2) Change			
Add			
Remove Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
$\mathbb{N}A$	
<u>'</u>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
ΛVA	
1971	
<u> </u>	
	-

The date of each amendment(s) as	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
-	(no more than 90 days after am	endment file date)
Note: If the date inserted in this be document's effective date on the Do		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of director	ors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of vot fficient for approval.	tes cast for the amendment(s)
	proved by the shareholders through voting groeach voting group entitled to vote separately	
"The number of votes east	for the amendment(s) was/were sufficient for	approval
by	(voting group)	
	(voting group)	
Dated	05/24	
Signature M	ula: Pla	
(By a d selecte	rector, president or other officer – if directors il, by an incorporator – if in the hands of a rec and fiduciary by that fiduciary)	
upp~		
	(Typed or printed name of person	signing)
	Manager (Title of person signing)	



January 31, 2024

MELANIE LABON 3419 WD JUDGE DRIVE SUITE 150 ORLANDO, FL 32808

SUBJECT: ULTIMATE AUTO BOUTIQUE, INC.

Ref. Number: P09000079461

We have received your document for ULTIMATE AUTO BOUTIQUE, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA NOT FOR PROFIT CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Letter Number: 624A00002049





February 7, 2024

MELANIE LABON 3419 WD JUDGE DRIVE SUITE 150 ORLANDO, FL 32808

SUBJECT: ULTIMATE AUTO BOUTIQUE, INC

Ref. Number: P09000079461

We have received your document for ULTIMATE AUTO BOUTIQUE, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Letter Number: 524A00002722

Anissa Butler Regulatory Specialist II

FEB 1 5 2024