

L100000169037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

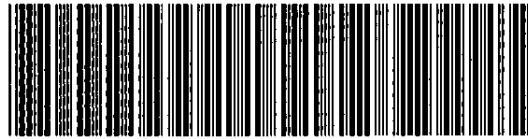
Special Instructions to Filing Officer:

L. SELLERS

SEP - 8 2011

EXAMINER

Office Use Only



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09/06/11--01013--005 **25.00

SECRETARY OF STATE
TREASURER OF FLORIDA

SEP - 6 PM 1:16

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Peace Love Baby 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:

Lisa VonKannon-Roberts
Name of Person

Applique Boutique
Firm/Company

P.O. Box 70561
Address

Fort Lauderdale, FL 33307
City/State and Zip Code

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

For further information concerning this matter, please call:

Douglas Roberts at (954) 382-9199
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

SEP -6 PM 1:17

Peace Love Baby 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 June 29, 2010 and assigned Florida document number L10000069037.

This amendment is submitted to amend the following:

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

Applique Boutique LLC
The new name must be distinguishable and end with 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)

1000 Sawgrass Corporate
Parkway Suite 552
Sunrise, FL 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 70561
Fort Lauderdale, FL
33307

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:

Douglas
Lisa Vunkannon-Roberts

New Registered Office Address:

1000 Sawgrass Corporate Parkway
Suite 552
Sunrise, Florida 33323
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 608, 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

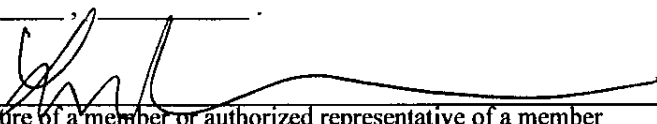
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lisa Vunkannon-Roberts	1931 NE 52 Ct Fort Lauderdale FL 33308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lisa Vunkannon-Roberts	P.O. Box 70561 Fort Lauderdale FL 33307	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 9/11/11



Signature of a member or authorized representative of a member
Lisa Vunkannon-Roberts

Typed or printed name of signee