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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TUTURElla Boutivolle, 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:
Paola Vargas Name of Person
Name of Person
TUTUTEILA BOUTHOUP, LLC
950 Brickell Bay Dr. #1406
MIGMI, FL 33131 City/State and Zip Code
Bespecial e thurs 19 code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pada Vargas at (786) 419 - 0651 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (add

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

TUTUPElla Bo	sutiface, 1	LC		
(<u>Name of the Limited Li</u> (A F	ability Company as it now orida Limited Liability Con	appears on our records.) npany)		
The Articles of Organization for this Limited Liab Florida document number <u>L11 000 3</u>	ility Company were filed o	on_312812011	and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liability compa	iny here:		
			77.	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability	Company," the designation	AN A T	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			H :51	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office addres	s on our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street ac	ddress	
	, Florida			
-	City	, Fiorida _	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

Title Address Type of Action <u>Name</u> Giselle 950 Brickell Bay Dr. real NGRM Add Remove ☐ Add Remove ☐ Add Remove Remove Add Bamove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April Dated __ Signature of a member or authorized representative of a member A Vav60 S Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00