

11000047816

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DESIGNERZ BOUTIQUE 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:

NAUSHINA CHATOO KHAKI

Name of Person

DESIGNERZ BOUTIQUE LLC

Firm/Company

1421 PINE OAK TRAIL

Address

SANFORD, FL 32773

City/State and Zip Code

nosh87@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAUSHINA CHATOO KHAKI

Name of Person

at ( 407 )

731-2448

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**

**DESIGNERZ BOUTIQUE 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 04/22/2011 and assigned  
Florida document number L11000047816.

This amendment is submitted to amend the following:

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

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)

1421 PINE OAK TRAIL

SANFORD, FL 32773

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1421 PINE OAK TRAIL

SANFORD, FL 32773

**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:

NAUSHINA CHATOO KHAKI

New Registered Office Address:

1421 PINE OAK TRAIL

*Enter Florida street address*

SANFORD

, Florida

32773

*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.*

*Naushina Chatoo Khaki*  
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>
MGR	RABIA HEMANI	1155 WEST STATE ROAD 434 SUITE 159 LONGWOOD, FL 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	NAUSHINA KHAKI	1155 WEST STATE ROAD 434 SUITE 159 LONGWOOD, FL 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NAUSHINA C. KHAKI	1421 PINE OAK TRAIL SANFORD, FL 32773	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 10/18/2011

Naushina Khaki  
Signature of a member or authorized representative of a member  
NAUSHINA C. KHAKI  
Typed or printed name of signee