

L11000129249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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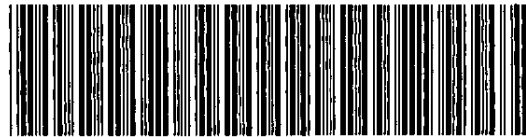
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A. LUNT

JUL 10 2011

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Always Something 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:

Mallory Bright

Name of Person

Always Something Boutique

Firm/Company

45035 New Ogilvie Rd. Suite 4

Address

Callahan, FL 32011

City/State and Zip Code

mallory@alwaysomethingboutique.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mallory Bright

Name of Person

at ( 904 )

628-0194

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**

**Always Something 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 11/14/11 and assigned  
Florida document number L11000129249.

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)**

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

**(Mailing address MAY BE A POST OFFICE BOX)**

45035 New Ogilvie Road

Suite 4

Callahan, FL 32011

**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:

Mallory Bright

New Registered Office Address:

45035 New Ogilvie Road Suite 4

*Enter Florida street address*

Callahan

, Florida

32011

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

Mallory Bright

*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.*

Mallory Bright  
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          | Mallory Bright  | 45035 New Ogilvie Road<br>Suite 4<br>Callahan, FL 32011 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | Jamie Murkerson | 15383 Parete Cir E<br>Jacksonville 32218                | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                 |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                 |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

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

Dated June 27, 2012  
Jamie Murkerson  
Signature of a member or authorized representative of a member  
Jamie Murkerson  
Typed or printed name of signee