

L12000058549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

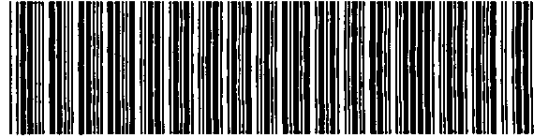
(Business Entity Name)

(Document Number)

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16 FEB 22 PM 1:16
ALLAHBASSIE FLORIDA

FEB 25 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shelney Girl Friday 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:

Michelle R Snyder

Name of Person

Shelney Girl Friday LLC

Firm/Company

3135 Bennington Street

Address

North Port, FL 34288

City/State and Zip Code

shelneygirlfriday@yahoo.com

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

For further information concerning this matter, please call:

Michelle R Snyder

734 306-3676
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2016

MICHELLE R SNYDER
3135 BENNINGTON STREET
NORTH PORT, FL 34288

SUBJECT: SHELNEYGIRLFRIDAY, LLC
Ref. Number: L12000058549

RECEIVED
2016 FEB 22 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SHELNEYGIRLFRIDAY, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 516A00002891

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

Shelney Girl Friday 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 05/01/2012 and assigned
Florida document number L12000058549

This amendment is submitted to amend the following:

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

Shelney Girl Friday ~~LLC~~, Unique Boutique, LLC

The new name must be distinguishable and contain 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)

3271 Tamiami Trail, Ste E

Port Charlotte, FL 33952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

3271 Tamiami Trail, Ste E

Enter Florida street address

Port Charlotte

City

Florida 33952

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

16 FEB 22 PM 1:16
TELEPHONE ROOM

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

16 FEB 22 PM 1:11
NATIONAL ARCHIVES
COLLIER COLLEGE

16 FEB 22 PM 1:15

E. Effective date, if other than the date of filing: 02/01/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 01/06/2016

Michelle R Snyder

Signature of a member or authorized representative of a member

Michelle R Snyder

Typed or printed name of signee