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J. SAULSBERRY EXAMINER AUG 20 2012

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Boutique	RED "LLC"	
Sebucer.	Name of Limited L		
The enclosed Articles of Art	nendment and fee(s) are submitte	ed for filing.	
Please return all correspond	ence concerning this matter to th	-	
	Michele	Name of Person RED LC" Firm/Company SIMEON WAY UN Address FL 33179 Sy/State and Zip Code SOUL 516 @ Yahoo · (used for future annual report notification)	
	Boutique	RED "LLC"	
	_	Firm/Company	
	20840 SAN	SIMEON WAY UN	H 201 28 18
		Address	ARC B
	Miani	, FL 33179	2012 AUG 17 M S: SECRETARY OF STA TALLAHASSEE. FLOO
	Cit	y/State and Zip Code	
	DONEMIAN E-mail address: (to be t	Soul_ 516 @ Yahoo. (on Es s
For further information con-	cerning this matter, please call:	asce for ratale amount report nontreasion,	02 NDA NDA
Micha	<u> </u>	at (786) 683 - 929	
Name of Po		Area Code & Daytime Teleph	
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)
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boutian	e RED "LLC"
	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ZAUG 17
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7 PR 9: 12
	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u> M	TENIA LAING	3001 NE 185 ST APT 601 AVENTURA FL 33180	Add Remove
			Add Remove
		**************************************	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. Hamendiz	eg any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	ZOIZ AUG 17 SECRETARY
			2012 AUG 7 AM '9: 02 SECRETARY OF STATE ALLAHABSEB, FLORIDA
	8/14 , 20	012.	_ ≅∴ 8
	Signature of a number of	er authorized representative of a member	
_	Michele ROPER	2 // () or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00