

✓
L12000119922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

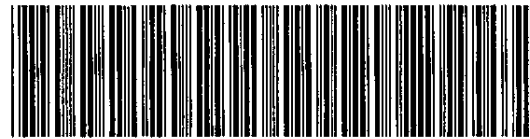
(Business Entity Name)

(Document Number)

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2013 AUG 19 PM 12:46
STORE FRONT OFFICE
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG 21 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sisters 3 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:

Melanie Barber
Name of Person

Firm/Company

581 Broadway St.
Address

Longboat Key, FL 34228
City/State and Zip Code

MVRS5112002@4dino.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Barber at 941 586-7223
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
Florida Dept. of State.
- ☐ \$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**

The Sisters 3 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 9-19-2012 and assigned
Florida document number ~~51807671930916~~ L12000119922

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)

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:

Enter Florida street address

Florida

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.

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>
mgrm Member	Carol Hill Scherer	8005 Megan Hammock way Sarasota, FL 34240	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm member	Jennifer Anne Bremner	717 21 st St. W. Bradenton, FL 34205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm Member	Robert O. Scherer	8005 Megan Hammock way Sarasota, FL 34240	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm member	Amanda Mann	1607 Marilyn Lane North Port, FL 34286	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECURITY STATION
TALLAHASSEE, FLORIDA

2013 AUG 19 PM 12:47

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

Dated 8-13-13, _____.

Melanie Barber Managing Member, Agent
Signature of a member or authorized representative of a member

Melanie Barber
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA