L13000045815

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ININ SEP 16 PM 3:21

COVER LETTER

TO: Registration Section
Division of Corporations

UBJECT: Partea 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:

Janet Negron

Name of Person

Partea Boutique, LLC

Firm/Company

1339 E. Osceola Parkway

Address

Kissimmee, FL 34744

City/State and Zip Code

parteaboutique@hotmail.com

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

For further information concerning this matter, please call:

Janet Negron

_{...}407,202-0991

Name of Person

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 FILED TO ARTICLES OF ORGANIZATION SEP 16 PM 3: 21 **OF**

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Partea Boutique, LLC			
. (Name of the Limited (A	Liability Company as it no Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Lia Florida document number L13000045875	ability Company were file	d on 03/28/2013	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabil	ty Company," the designation "LLC"	° or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered off		ress on our records, <u>enter the</u>	name of the new
Name of New Registered Agent:	Janet Negron		
New Registered Office Address:	1339 E. Osceola F		
		Enter Florida street address	,
	Kissimmee	, Florida <u>3474</u>	4
	City	2	Zip Code
Now Registered Agent's Signature if changing P	egistered 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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>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 1	'ype of Action
MGR	Janet Negron	1339 E. Osceola Parkway	Add
		Kissimmee, FL 34744	Remove
MGR	Gladys Berrios	1339 E. Osceola Parkway	- Add
		Kissimmee, FL 34744	Remove
			_
			Remove
*******************************			Add
			Remove
·			Add
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	Add EIN# 46-254	40304			
	 				
•					
					
	Cambanah an 44	2042			
Dated	September 11				
		1/10			
		ture of a member or authorized representative of a member			
	Janet Negron				
		Typed or printed name of signee			

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Filing Fee: \$25.00

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SECKELARY OF STATE