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AUG 1 3 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Miami Nights Fashion Boutique LLC. Name of Limited Liability Company The state of Liability Company The state of L
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Selina Clarke Name of Person
Miami Nights Fashion Boutique LLC.
4010 Wintler Ave #206
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Soling Clarke at 954, 678 - 8601 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\ Cortified Copy (additional copy is enclosed) \$\ 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

	U	<u>l</u> '		- E32 8	5 C
Miami Nights (Name of the Limited Link)	Fashi iability Compa lorida Limited I	Bout ny as it now appears or iability Company)	outrecords.)	Tropie	12 14 15 15 15 15 15 15 15 15 15 15 15 15 15
The Articles of Organization for this Limited Liab		were filed on Juru	25, 201	3 and ass	defied
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liab	ility company here:			
B-U.B. TRUE FACHOWS The new name must be distinguishable and end with a "L.L.C."	he words "Limi	•	_		
Enter new principal offices address, if applicab	ole:	4010 Wink	ler Ane	+20L	
(Principal office address MUST BE A STREET		4010 Wink Fort Mye	rs, FL	33916	<u>, </u>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>				
					
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of ce address her	fice address on our e:	records, ente	r the name (of the new
Name of New Registered Agent:	Selina	Clarke	<u>, </u>		
New Registered Office Address:	4010 K	Linkler Ave	Plorida street u	address	
	TO1+ M	yers City	, Florída _	33911 Zip Code	e e

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

lf amending or Managin	g the Managers or Managing Members of Member being added or removed from	on our records, enter the title, name, and address of our records:	Ecach Manager
MGR = Ma MGRM = M	nager Ianaging Member		E TO
<u>Title</u>	<u>Name</u>	Address	vpe of Action
MGRM	Claydine Filsaime	1225 NW 18th St.	Tajkiu 60
		Fort Lauderdale, F13331	Remove
MGR	Nelly Edouard	4790 S. Cleveland Ave #140	8 Add
		Fort Myers, F1 33916	Remove
MER	Marjoire Belizare	3500 Washington St.	Add
		Apt. 1057	Remove
		Hollywood, Fl 33021	
			Add
			Remove
			<u></u>
			Add
			Remove
			Remove

If amending any other informatio	n, enter change(s) here: (.	Attach daditional sheets	, tj necessary.)
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			Fig. 6
			7
red July 31	2012	<u> </u>	
led July 31	, <u>2013</u> .		7
Signat	ure of a member or authorize	d representative of a mem	ber
Selina	Typed or printed na	oma of cionna	

Page 3 of 3

Filing Fee: \$25.00