

L17000130621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. Shivers MAY 19 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2014

LUISA HARVEY  
2950 5TH AVE, NO  
ST PETERSBURG, FL 33713

SUBJECT: LE CHIC TRAVEL BOUTIQUE, LLC  
Ref. Number: L13000130621

We have received your document for LE CHIC TRAVEL BOUTIQUE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00009487

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Le Chic Travel 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:

Luisa V. Harvey  
Name of Person

Le Chic Travel Boutique, LLC  
Firm/Company

2950 5<sup>th</sup> Avenue, No  
Address

St. Petersburg FL 33713  
City/State and Zip Code

Luisa @ Luisa Harvey . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luisa Harvey at (727) 804-9025  
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  
TO  
ARTICLES OF ORGANIZATION  
OF**

Le Chic Travel 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 9/16/2013 and assigned Florida document number L13000130621

This amendment is submitted to amend the following:

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

Le Travel Boutique, LLC  
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)**

2950 5th Avenue No  
St. Petersburg FL 33713

**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:

Luisa W. Harvey

New Registered Office Address:

2950 5th Avenue No

Enter Florida street address

St Petersburg

City

Florida

33713

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.

Luisa W. Harvey  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	The Company Corp	2711 Centerville Rd	<input type="checkbox"/> Add
		Ste 400	<input checked="" type="checkbox"/> Remove
		Wilmington DE 19808	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/23/2014

Luisa V. Harvey

Signature of a member or authorized representative of a member

LUISA V. HARVEY

Typed or printed name of signer

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Filing Fee: \$25.00

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