L 17000 170621

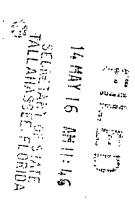
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(255111611111111111111111111111111111111
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400259246934

04/28/14--01010--021 **30.00



Talyans MAN 1 3 SOM



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

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:
Quisa W. Harvey Name of Person
Le Chic Travel Boutique, LLC Firm/Company
a950 5th Cevenue, No
St. Potershung FL 33713 City/State and Rip Code Luisa S Luisa Harvey Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 804-9025 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

MAILING ADDRESS:

TO:

Registration Section

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 J&C_
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our récords.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>13 000 130 6</u> 2	were filed on $9/16/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and end with the words "Limited Liabil	e JLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2950 5 th avenue No
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	St. Petershing P. 33713
B. If amending the registered agent and/or registered office address here	ice address on our records, eater the name of the new
Name of New Registered Agent:	v N. Harvey
New Registered Office Address:	Enter Florida street address
St Pe	tergling, Florida 33713 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 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.

If Changing Registered Agent, Signature of New Registered Age

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
mg R	The Company Coop	27/1 Centrolille Rd Ste 400 Wilmington De 1980E	Add
	, , ,	Ste 400	Remove
		Wilmington De 19808	3
			Add
			☐ Remove
			Add
			Remove
			To the state of th
		हानु (ग्राह्म (ग्राह्म	Add
		ORIDA	Remove
			····
		·	
			Remove
			Add
			Remove

f amending any other information, enter change(s)) here: (Attach additional sheets, if necessary.)
•	
	<u>·</u>
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receip the date this document is filed by the Florida Department of State)	pt or filed date and cannot be more than 90 days after
ated 4/23/2014,	<u> </u>
Quin N. Ha	way
Signature of a member or	r authorized representative of a member
Luisa V. HAM	rey
Typed or	printed name of signee

Page 3 of 3

Filing Fee: \$25.00