

L14000117786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

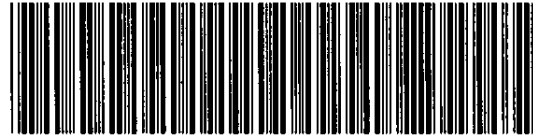
(Business Entity Name)

(Document Number)

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14 AUG - 8 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 08 2014
S. YOUNG

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Rodeo and Juliet 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:

Debra Caine
Name of Person

Firm/Company

19639 Hwy 98 N.
Address

Okeechobee, FL 34972
City/State and Zip Code

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

For further information concerning this matter, please call:

Debra Caine at (239) 671-8366
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

FILED
14 AUG -8 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO
ARTICLES OF ORGANIZATION
OF

Robeo and Juliet 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 7/28/14 and assigned Florida document number L14000117786.

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)

FILED
AUG - 3 12 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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 Agent

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 8-5, 2014.

Debra Caine

Signature of a member or authorized representative of a member

Debra Caine

Typed or printed name of signee

FILED
14 AUG -8 11:21:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L14000117786
FILED 8:00 AM
July 28, 2014
Sec. Of State
bbostick

Article I

The name of the Limited Liability Company is:

RODEO AND JULIET BOUTIQUE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

19639 HWY 98 NORTH
OKEECHOBEE, FL. 34972

The mailing address of the Limited Liability Company is:

19639 HWY 98 NORTH
OKEECHOBEE, FL. 34972

Article III

The name and Florida street address of the registered agent is:

DEBRA CAINE
19639 HWY 98 NORTH
OKEECHOBEE, FL. 34972

FILED
14 AUG -8 2:12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DEBRA CAINE

Signature of member or an authorized representative

Electronic Signature: DEBRA CAINE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.