

**L14000131120**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

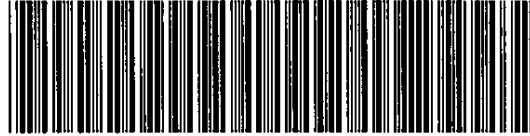
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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16 AUG 31 PM 3:09  
TALLAHASSEE, FLORIDA

SEP 07 2016

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alima's shoe Boutique  
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:

Ambrea Baboolall  
Name of Person

Alima 'Jae  
Firm/Company

P.O. Box 22413  
Address

Tampa, FL 33622  
City/State and Zip Code

Brea2005@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ambrea Baboolall at (813) 919-3874  
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**

Alima's shoe Boutique

(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 08/21/2014 and assigned Florida document number L14000131120.

This amendment is submitted to amend the following:

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

Alima Jae, LLC

The new name must be distinguishable and contain 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)

7402 North 56th St  
Suite 813  
Tampa, FL 33617

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 22613  
Tampa, FL 33622

**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:

Ambrea Baboolal

New Registered Office Address:

7402 North 56th St. Suite 813

Enter Florida street address

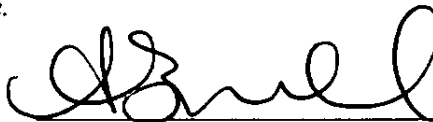
Tampa, Florida 33617

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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          | Ambrea Baboolal | 7402 North 56th St, Suite 813<br>Tampa, FL 33617 | <input checked="" type="checkbox"/> Add    |
|              |                 | 8718 Busch Oaks St<br>Tampa, FL 33617            | <input checked="" type="checkbox"/> Remove |
|              |                 |                                                  | <input type="checkbox"/> Change            |
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ALLIANCE OF STATES  
FLORIDA  
AUG 31 PM 3:00

16 AUG 31 PM 8:09  
ALLIANCE FLORIDA

16 AUG 81 PM 8:09  
ALLIANCE ELDRIDGE

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Ambrea Baboolall  
Typed or printed name of signer