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(F	Requestor's Name)	
( <i>f</i>	Address)	
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(0	City/State/Zip/Phone #)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
(E	Business Entity Name)	
	Document Number)	· · · · · · · · ·
Certified Copies	Certificates of Status	5
Special Instructions t	to Filing Officer:	

Office Use Only



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AUG 13 2015 S. YOUNG

# COVER LETTER

SUBJECT:	Craze Bo Name of Limi	outique, LL ted Liability Company			
The enclosed Articles of Am Please return all corresponde		to the following:			
	Craze Bu 5301 N Fe Boca Rator	Address		15 AUG - 6 1	FILE
For further information condition and Rache I  Name of Pe	erning this matter, please ca	all:	807-7107 Daytime Telephone Number	PN 2: 33	
Enclosed is a check for the f	ollowing amount: □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica osed) Certified	ate of Status &	

### MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Craze Boutique, L	LC
( <u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	IS and assigned $11/17/2014$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
N/A	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRI</u>	5030 Champion Blud 50:1e G11-234 ESSI Bora Raton, FL 33496
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5301 NFoderal Hwy, Sulte 185 Bora Raton, FL 33787
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr	ered office address on our records, enter the name of the new
Name of New Registered Agent:	ν/ <u>Δ</u>
New Registered Office Address: 530	ol N Federal Huy Site 1855 ]
Bo	IO, IT
New Registered Agent's Signature, if changing Registered	Agent: Some Some Some Some Some Some Some Some
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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.

A/W

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>	Address	Type of Action
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			☐ Remove
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	R.	<u></u>				- · · · · · · · · · · · · · · · · · · ·	
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Filing Fee: \$25.00