

L15000 119728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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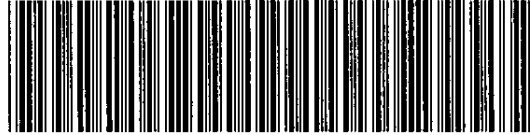
(Business Entity Name)

(Document Number)

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15 AUG - 7 AM 7:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2015

J SHIVERS

To whom it may concern,

I need to change the title of
Hanin Fernandez and Hanen Fernandez
from AR to MGR as stated

on page 2. If any questions
please contact me at
352-478-9717 or at

Fernandez Hanin@gmail.com.

Thank you,

Hanin Fernandez

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ninah 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:

Hanin Fernandez
Name of Person

Ninah Boutique
Firm/Company

8123 clipper ct
Address

Spring Hill FL / 34606
City/State and Zip Code

Fernandez Hanin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hanin Fernandez at (352) 428-9717
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**

Ninah 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 July 12, 2015 and assigned Florida document number L15000119728

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

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	Hanan Fernandez	8123 clipper ct	<input type="checkbox"/> Add
		Spring Hill FL 34606	<input type="checkbox"/> Remove
		from AR to MGR	<input checked="" type="checkbox"/> Change
MGR	Hanan Fernandez	8123 clipper ct	<input type="checkbox"/> Add
		Spring Hill FL 34606	<input type="checkbox"/> Remove
		from AR to MGR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

15 AUG -7 AM 7:27
 DEPT. OF STATE
 EMBASSY, LONDON

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

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _____, _____.

Hann Fernandez

Signature of a member or authorized representative of a member

Hanin Fernandez
Typed or printed name of signee

Typed or printed name of signee