

L19000125427

Florida Department of State
Division of Corporations
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Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORCHARD HOUSE BOUTIQUE, LLC

Certificate of Status	0
Certified Copy	0
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September 16, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ORCHARD HOUSE BOUTIQUE, LLC
4540 E LAFAYETTE STREET
E
MARIANNA, FL 23446US

SUBJECT: ORCHARD HOUSE BOUTIQUE, LLC
REF: L15000125427

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Stacey M Mason
Regulatory Specialist II

FAX Aud. #: H15000207160
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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORCHARD HOUSE 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

orchardhouse15@yahoo.com

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

For further information concerning this matter, please call:

Imelda Vasquez

at (323)

962-8600 ext 7950

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**

ORCHARD HOUSE 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 07/22/2015 and assigned
Florida document number 1.1500012527 L1500012527

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)

50 E Laayette Street Ste. E

Marianna, Florida 326

4540 E. Laayette

32446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

50 E Laayette Street Ste. E

Marianna, Florida 326

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

City, **Florida**

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
--------------	-------------	----------------	-----------------------

AMBR	COURTNEY CHAMBERLAIN	4540 E Lafayette Street Ste. E	<input type="checkbox"/> Add
------	----------------------	--------------------------------	------------------------------

		Marianna, Florida 23446	<input checked="" type="checkbox"/> Remove
--	--	-------------------------	--

AMBR	MELISSA CHAMBERLAIN	4540 E Lafayette Street Ste. E	<input type="checkbox"/> Add
------	---------------------	--------------------------------	------------------------------

		Marianna, Florida 23446	<input checked="" type="checkbox"/> Remove
--	--	-------------------------	--

AMBR	COURTNEY CHAMBERLAIN	4540 E Lafayette Street Ste. E	<input checked="" type="checkbox"/> Add
------	----------------------	--------------------------------	---

		Marianna, Florida 32446	<input type="checkbox"/> Remove
--	--	-------------------------	---------------------------------

AMBR	MELISSA CHAMBERLAIN	4540 E Lafayette Street Ste. E	<input checked="" type="checkbox"/> Add
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		Marianna, Florida 32446	<input type="checkbox"/> Remove
--	--	-------------------------	---------------------------------

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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Chamberlain Enterprises

850-762-4926

p.9

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

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 55 August . 2015

Melissa Chamberlain

Signature of a member or authorized representative of a member

Melissa Chamberlain

Typed or printed name of signee

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Filing Fee: \$25.00

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