L1500151155

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2015 OCT -5 P 2: 52 SECRETARY OF STATE

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COVER LETTER

TC		egistration Sec ivision of Corp				
eti	ВЈЕСТ		Soutique LLC			
30	DJECI	•	Name of Lim	ited Liability Company		
The	e enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Ple	ase retu	rn all correspor	ndence concerning this matter	to the following:		
			Alexandria Lee Busby			
				Name of Person		
				Firm/Company		
			1000 Nodding Shade Dr.			
				Address		
			Brooksville FL 34604			
		City/State and Zip Code				
			Sweet_Pea.Boutique@yaho			
			E-mail address: (to be used for future annual report notif	fication)	
Fo	r further	information co	oncerning this matter, please ca	all:		
Al	exandria	Lee Busby		760 453-1535 at ()		
		Name of	`Person	Area Code Daytim	e Telephone Number	
En	closed is	s a check for th	e following amount:			
	\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

i

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

pany as it now appears on our records.) d Liability Company) by were filed on September 3, 2015 and assigned	
y were filed on September 3, 2015 and assigned	
bility company here:	
bility Company," the designation "LLC" or the abbreviation "L.L.C."	
1000 Nodding Shade Dr.	
Brooksville FL 34604	
1000 Nodding Shade Dr. Brooksville FL 34604	
office address on our records, enter the name of the	
ere:	
Enter Florida street address	
, Florida	
<u>t:</u>	

Page 1 of 3

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
AMBR	Alexandria Lee Busby	1000 Nodding Shade Dr.	
		Brooksville FL 34604	Remove
			☐ Change
AMBR	Heather Downing	12475 Lombardy St	□ Add
		Spring Hill, FL 34608	■ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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ote:	ive date, if other than the date of filing:(optional) ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	207 as 1
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<u>lote:</u> ocum e rec	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	as 1
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