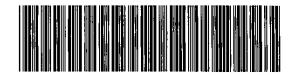
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(Red	questor's Name)	_
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration Sec Division of Corp				
SUBJEC		ess Boutique Ilc			
SUBJEC	T:	Name of Limi	ted Liability Company		
The enclo	sed Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please ret	urn all correspor	idence concerning this matter t	to the following:		
		Christie Urban			
			Name of Person		
		Your highness boutique			
Firm/Company					
		2330 Palm Ridge rd. Unit 1	10 #187		
			Address		
		Sanibel florida 33957			
			City/State and Zip Code		
		98curban@gmail.com			
			o be used for future annual report notific	cation)	
For further	r information co	ncerning this matter, please ca	ll:		
Christie (urban		239 209-3925		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed	is a check for the	e following amount:			
□ \$25.0	0 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

(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited L	Liability Company were	e filed on	and assigned
Florida document number	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and registered agent and/or the new registered of		address on our records,	enter the name of the n
Name of New Registered Agent:			
New Registered Office Address:	2330 Palm Ridge rd.	Unit 10 #187 Enter Florida street address	
	Sanibel		
		, Flori City	ida 33957 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Add
		 	Remove
			
			□ Add
		-	□ Change
	·		☐ Add 1
	·		Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove

_□ Change

		Signature of a	member or auth	orized represent	ative of a membe	r		
ited	nibel		, 9/23/2016	·				
The 90	d specifies a delay oth day after the re	ed effective ecord is filed	•	ot an effecti	ve time, at 1	2:01 a.m. or	i the ear	rlier of
ote: If t	ve date is listed, the date n he date inserted in this 's effective date on the	block does not	meet the applic	able statutory	or more than 90 of filing requirement	lays after filing.) Pents, this date wi	ursuant to 6	505.0207 isted as
	date, if other than t					_(optional)	F. 09	
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<u>F</u>iling Fee: \$25.00