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COVER LETTER

TO:	Registration Sec Division of Corp			
CUDI		oyle Boutique LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		David A Nail CPA		
			Name of Person	
		Diversified Accounting & 7	Гах	
			Firm/Company	
	•	4933 South Westshore Blvd	d	
			Address	
		Tampa, Fl 33611		
			City/State and Zip Code	
		dnailcpa@gmail.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
David	I A Nail CPA		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
\$2	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

Mcpherson Boyle Boutique LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
Florida document number L16000076199 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi		and assigned
• •	ity Company "the designation "LLC"	or the abbreviation "I Tark"
	512 Ocean View Way Palm Harbor, Fl 34683	if the abbreviation . L.L.C.
The Mac Mommy Boutique LLC The new name must be distinguishable and contain the words "Limited Li 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) B. If amending the registered agent and/or registered	4933 South Westshore Blvd Tampa, Fl 33611	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the new
New Periotered Office Address		
New Registered Office Address.	Enter Florida street address	
	. Flor	ida
	ticles of Organization for this Limited Liability Company were filed on document number L16000076199 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: c Mommy Boutique LLC name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) The mending address, if applicable: aga address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	

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>	Type of Action
MGR	Tara Boyle	1417 Oleander Drive	
		Tarpon Spring, Fl 34689	■ Remove
			☐ Change
			Add
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fective date, if other than t	he date of filing	:		_ (optional)		
an effective date is listed, the date note: If the date inserted in this ocument's effective date on the	block does not me	eet the applicable stat	filing or more than 90 c story filing requireme	lays after filing.) Puents, this date wil	rsuant to 605 I not be list	5.0207 ed as
record specifies a delay The 90th day after the re		ate, but not an ef	fective time, at 1	2:01 a.m. on	the earli	er of
nted December 30	,	2016 Nai-	COA	्यम् इ.स. १.	29	
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$ \cup$ \cup \cup \cup \cup \cup \cup \cup \cup \cup	Signature of a m	nember or authorized ren	resentative of a membe	r	, (ي و محمد
David A. Nail CPA, I	_	nember or authorized rep	resentative of a membe	T 23.5		सम्बद्धः स

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Filing Fee: \$25.00