116000103387

(Re	equestor's Name)	-
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp					
REPEAST B SUBJECT:	OUTIQUE LLC				
	Name of Lim	ited Liability Company		-	
	mendment and fee(s) are sub-	_	·		
	W SCOTT PACETTI				
		Name of Person		_	
	COWAN & PACETTI INC	C			
		Firm/Company	<u> </u>	_	
	136 MALAGA ST				
		Address		<u> </u>	
	ST AUGUSTINE, FL. 320	84		2016 SEC	
		City/State and Zip Code		ARST ARST	-
	SCOTT@COWAN-PACET			ASSA -	
For further information co	E-mail address: (i	to be used for future annual report notif	ication)	E E	å (han)
W SCOTT PACETTI		904 824-8463 at ()		1080E	
Name of	Person		Telephone Numb		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal 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

REPEAST 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 MAY 26, 2016 and assigned Florida document number L16000103387	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CRESENT BEACH BOUTIQUE LLC	
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)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the n	<u>ew</u>
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	lanager uthorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
		-	Add	
			□ Remove	
			Change	
			Add	
		***************************************	□ Remove	
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ffective date, if other than than effective date is listed, the date in	he date of filing: nust be specific and cannot b	e prior to date of filing	or more than 90 days after fi	nal) ling.) Pursuant to 605.0
ote: If the date inserted in this ocument's effective date on the	block does not meet the	applicable statutory:	filing requirements, this o	late will not be listed
	-			
e record specifies a delay The 90th day after the re	ed effective date, h	ut not an effectiv	ve time lat 12:01 a i	m and the earlier
The 90th day after the re	ecord is filed.		is time, at 12,01 a.	PAT S
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ated MAY 31				2 F
	1 - 2 2 0 -			Fried A

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00