

L1600105316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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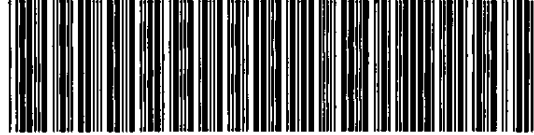
(Business Entity Name)

(Document Number)

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273/16 QS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FROCK YOU MOBILE 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:

HELEN A. JONES

\_\_\_\_\_  
Name of Person

ROCKSPRINGS TAX & ACCOUNTING, INC.

\_\_\_\_\_  
Firm/Company

13 EAST TANGLEWOOD DRIVE

\_\_\_\_\_  
Address

APOPKA, FL. 32712

\_\_\_\_\_  
City/State and Zip Code

ROCKSPRINGSTAX@AOL.COM

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

For further information concerning this matter, please call:

HELEN A. JONES

407 880-4200

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## FROCK YOU MOBILE BOUTIQUE, LLC

The Articles of Organization for this Limited Liability Company were filed on 05/31/2016 and assigned Florida document number L16000105316

**A. If amending name, enter the new name of the limited liability company here:**

FROCKED MOBILE 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:**

NA

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**

NA

***(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 new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NA

**New Registered Office Address:**

NA

Enter Florida street address

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City* *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, 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>	<u>Type of Action</u>
MGR	SAMANTHA A. HEAL HOUSE	1730 O'FARRELL STREET	<input type="checkbox"/> Add
		SAN FRANCISCO, CA. 94115	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAMANTHA A. HOUSE	1730 O'FARRELL STREET	<input checked="" type="checkbox"/> Add
		SANFRANCISCO, CA. 94115	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NA

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E. Effective date, if other than the date of filing: NA (optional)


(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 17, 2016



Signature of a member or authorized representative of a member

SAMANTHA A. HOUSE

Typed or printed name of signee