11600172567

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000290093130

09/22/16--01011--006 **25.00

15 SEP 22 FH 12: 24
SECKLI/ALAF STORID

St. ARRIS

COVER LETTER

TO:	Registration Sec Division of Corp			
CHD H		LE BOUTIQUE, LLC		
SOBJE	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please	return all correspoi	ndence concerning this matter t	to the following:	
		Danielle Neath		
			Name of Person	
			Firm/Company	
		8568 Butler Greenwood Dr	r	
			Address	
		Royal Palm Beach, FL 334	111	
			City/State and Zip Code	
		dneath1@yahoo.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Daniel	le Neath		at () 673-0399 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$2:	5.00 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

LOLABELLE BOUTIQUE, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
he Articles of Organization for this Limited Liability Company we	ere filed on 09/15/2016	and assigned
Porida document number L16000172567		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	y company here:	
LOLA SWANK BOUTIQUE, LLC		
he 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)		For
_		TS. 00
Inter new mailing address, if applicable:		22
• • • • • • • • • • • • • • • • • • • •		72 7 4
Mailing address MAY BE A POST OFFICE BOX)		
-	<u> </u>	
		1.
If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	e address on our records, ente	r the name of the
the new registered office underess here.		
Nous of New Devistant Amount		•
Name of New Registered Agent:	•	
New Registered Office Address:		
	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>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Add
			□ Remove
			☐ Change
		****	□ Add
			☐ Remove
			Change
			Add
			☐ Change ☐ Add ☐ Remove
			□ Change
			□ Change
			☐ Remove
			☐ Change

			•			
		<u></u>				
		. 	····			
						
						_
<u></u>			<u> </u>		 	_
				···		
		·				
						_
<u> </u>						
	<u> </u>				<u>,</u>	<u> </u>
ffective date, if othe	r than the date of	filing:		(optio	nal)	
ffective date, if othe an effective date is listed. ote: If the date inserte	the date must be speci ed in this block does	fic and cannot be price not meet the appli	or to date of filing or mor icable statutory filing	e than 90 days after requirements, this	filing.) Pursuant to date will not be	605.020' listed as
ocument's effective da						
			ot an effective tir	ne, at 12:01 a	.m. on the ea	rlier o
The 90th day afte			ot an effective tir	ne, at 12:01 a	.m. on the ea	rlier o
The 90th day afte		iled.	ot an effective tir	ne, at 12:01 a	15 SEL TALL	rlier o
The 90th day afte		iled.	<u> </u>		īAS	rlier o
The 90th day afte		iled.	ot an effective tin		16 SE TALL A	rlier o
e record specifies of the 90th day after after after after 19		iled.	<u> </u>		TALLSH	rlier o

Page 3 of 3

Filing Fee: \$25.00