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COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

SUBJECT: My Boutique Pillows 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:
THOMAS A. GRIBBIN Name of Person
THE BOUTIQUE PILLOW LLC Firm/Company
9369 BLIND PASS RD.
ST. PETEBEACH, FL 33706
ST. PETE BEACH, FL 33706 City/State and Zip Code tomayibbin a mac. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS GKIBBIN at (727) 480-2023 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY BOUTIQUE PILLOWS 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 Liabi Florida document number <u>L160</u> \(\document	ility Company were fi	led on <u>12 - 13 -</u>	201	an	d assig	med
This amendment is submitted to amend the following	uā:			I 4.= I 4**		;
A. If amending name, enter the new name of th	e limited liability co	mpany here:			0	2.k.) (
_ THE BOUTIQUE PIL	40W LL	-			:	(
The new name must be distinguishable and contain the word	s "Limited Liability Comp	pany," the designation "LLC	or the ab	breviatio	n L.L.	C."
Enter new principal offices address, if applicable	e:	<u></u>		**************************************		
(Principal office address MUST BE A STREET -	1DDRESS)			_		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO						
B. If amending the registered agent and/or registered agent and/or the new registered office		dress on our records	s, <u>enter</u>	the na	me of	f the new
Name of New Registered Agent:	_					
New Registered Office Address:		Enter Florida street address	,			
		. Flo	orida			
_	City			Zip C	ode	

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>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			
			□ Remove
			☐ Change
			Remove
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ffective date, if other than the date of filing: 7-9-2018 (or an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a ote: If the date inserted in this block does not meet the applicable statutory filing requirements, occument's effective date on the Department of State's records.	ption a fter tili this da	ng.) Purs	uant to (not be l	505,020 isted as
e record specifies a delayed effective date, but not an effective time, at 12:0. The 90th day after the record is filed.	1 a.m	n. on tl	he ea	rlier o
ned July 8 2018	j	Par		
Signature of a member or authorized representative of a member			<u> </u>	 r
Signature of a member or authorized representative of a member			5	[] []
			<u> </u>	• •
- 1111MAC 4 (00100101				
THOMAS A. GRIBBIN Typed or printed name of signee		<u> </u>	(. -	

Page 3 of 3

Filing Fee: \$25.00