## L170000 27418

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Pink Oul Boutige	( LLC ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Heph	Name of Person	
		Firm/Company	
	2746 Edonwoo	od St Address	
	Clearunter 7	L 33759 City/State and Zip Code	
	Phocess 32 (1) E-mail address: (1)	od Comment. com	fication)
For further information co	ncerning this matter, please ca		
Stepanic Name of	MC Bains Person	at ( <u>727</u> ) <u>417 - O</u> Area Code Daytino	e Telephone Number
Enclosed is a check for the	following amount:		
\$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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pink Owl Boutique LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	<u>ippears on our records.</u> ) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document numberL1700027418	on $\frac{2/3/17}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
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)	0 7 D
	<b>6</b> 公司
	P P
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<b>-</b> 127
B. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	ss on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er 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>	Type of Action
MGR	Stophania M'Baine	2766 Edenwood St	
		2764 Edenwood St Clonnator, FL 33759	Remove
			Change
			Add
			Remove
			Change
		<del></del>	Remove
			Change
			Remove
			□ Change
	<del></del>		Add
			Спюче
		<del> </del>	☐ Change
			Add
			□ Велюче
			Change

. If amending	any other informa	tion, enter ch	ange(s) here	: (Attach addi	tional sheets,	if necessary.)		
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(If an effective d Note: If the	e, if other than the ate is listed, the date mu ate inserted in this b fective date on the E	st be specific and one of the control of the contro	cannot be prior feet the applica	o date of filing or	more than 90 day			
	pecifies a delayed day after the rec		ate, but not	an effective	time, at 12	:01 a.m. on	the earlie	er of:
Dated	12/24	Li land Signature of a m	_0/7	, _ ·				
_		Li lan	ver A	Baci G	co of a mountain			
		,		39111 Iname of signee				

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Filing Fee: \$25.00