

L17000155040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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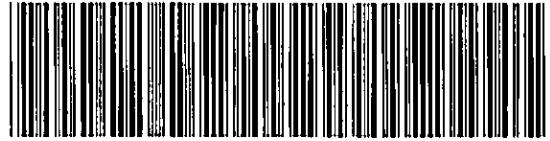
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN 03 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: July's Boutique
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felix Espinal
Name of Person
JULYS Boutique
Firm/Company
6500 SW Archer Rd, Suite G
Address
Gainesville, FL 32608
City/State and Zip Code
Julysfineboutique@gmail
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felix Espinal at (352) 672-8159
Name of Person Area Code Daytime 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
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

July's Fine Consignment Boutique

(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 7/19/2017 and assigned Florida document number L17000155040.

This amendment is submitted to amend the following:

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

July's Boutique LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6500 SW Archer Rd.

Suite G

Gainesville, FL 32608

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6500 SW Archer Rd.

Suite G

Gainesville, FL 32608

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:

New Registered Office Address:

6500 SW Archer Rd

Enter Florida street address

Gainesville

City

Florida

Zip Code

JAN - 2 PM 49
TALLAHASSEE, 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.

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 Remove	Orlando Castillo	714 Lafayette Street	<input type="checkbox"/> Add
		Starke, FL 32091 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	Felix Espinal	5333 SW 75th Street	<input type="checkbox"/> Add
		Gainesville FL 32608	<input type="checkbox"/> Remove
		US	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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STATE OF FLORIDA

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E. Effective date, if other than the date of filing: _____ (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.

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

Dated _____, _____.

Concider Fernal

Signature of a member or authorized representative of a member

Candida Tremel

Typed or printed name of signee