L17000187818

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





900306995589

12/27/17--01020--011 **35.00

17 BSC 27 AH 7: 43

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	SARMI BO	UTIQUE LLC		
		Name of Lim	Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: N.M. SARMIENTO Name of Person I BOUTIQUE LLC Firm/Company W 152ND CT Address I. FL 33196 City/State and Zip Code RMIENTO11@YAHOO.COM E-mail address: (to be used for future annual report notification) this matter, please call: 786 333-3745 at (Area Code Daytime Telephone Number	
		of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: KAREN M SARMIENTO Name of Person SARMI BOUTIQUE LLC Firm/Company 9141 SW 152ND CT Address MIAMI. FL 33196 City/State and Zip Code KMSARMIENTOH@YAHOO.COM E-mail address: (to be used for future annual report notification) on concerning this matter, please call: NTO at (786) Area Code Daytime Telephone Number or the following amount:		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		KAREN M SARMIENTO		
			Name of Person	
		SARMI BOUTIQUE LLC		
			Firm/Company	
		9141 SW 152ND CT		
		 ,	Address	
		MIAMI, FL 33196		
			City/State and Zip Code	·
		-		
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please co	all:	
KAREN M	SARMIENTO)	Name of Limited Liability Company d fee(s) are submitted for filing. ing this matter to the following: SARMIENTO Name of Person DUTIQUE LLC Firm/Company 52ND CT Address . 33196 City/State and Zip Code ENTO11@YAHOO.COM E-mail address: (to be used for future annual report notification) matter, please call: at (786	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO: Registration Section

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

SARMI BOUTIQUE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(/ · (10)1011 E	mined Eldomey Company,	ì
The Articles of Organization for this Limited Liability Con Florida document number L17000187818	npany were filed on <u>09/01/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing duaress SIAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		171 1174
Name of New Registered Agent.		5.8
New Registered Office Address:	Enter Florida street address	27
	, Florida	10 A
	City	Code
New Registered Agent's Signature, if changing Registered A	<u>Ngent:</u>	E CO
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agen being filed to merely reflect a change in the registered	uplete performance of my duties, and I am nt as provided for in Chapter 605, F.S. Or	familiar with and ;; if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
MGR	ELSA R ORTEGA	9141 SW 152ND COURT	□ Add
		MIAMI FL 33196	■ Remove
			Change
MGR	JOYCE SARMIENTO	9141 SW 152ND COURT	
		MIAMI FL. 33196	■ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			□ Change

					<u>. </u>			
· . ·								
				- 	···-			
				-				
		 _	-					
								
					 -			
· · · ·		•						
							-	
							- }= 	=======================================
							- (2)	
							52	62
							<u> </u>	
							<u> </u>	<u>=</u>
								
<u> </u>							5=	40
ective date, if oth	or than the date	of filing:				(optio	>* nal)	
n effective date is listed te: If the date inser- nument's effective d	d, the date must be spe ted in this block do	ecific and ca ses not mee	nnot be prior t the applic	able statutor		90 days after f	iling.) Pursi	
record specifies he 90th day aft			e, but no	t an effec	tive time, a	t 12:01 a.	m. on th	ne earlie
ed	t		2017	<u>.</u>				
			IJ;	8	ntative of a me			

Page 3 of 3

Filing Fee: \$25.00