L18000009855

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name Change

COVER LETTER.

TO: Registration S Division of Co				
SUBJECT:	Joy Boutique LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Maria O'Neal			
		Name of Person		
	Joy Boutique			
		Firm/Company		
	4018 NW 36th St			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Okeechobee, FL 34972			غر∴ پښت
	ShopWithAJoyfulHean@g	City/State and Zip Code mail.com		19 (5% 29
	E-mail address: (to be used for future annual report noti-	fication)	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
For further information of	concerning this matter, please c	all:		<u> </u>
Maria O'Neal		863 697-9937 at ()		4 17: 53 5 70 1012 5 1012
Name o	of Person	/	e Telephone Number	3 000
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy is e	atus &

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

Joy Boutique LLC		
(<u>Name of the Limited Liubi</u> (A Florid	llity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 01/10/2018	and assigned
Florida document number L18000009855	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The Joyful Heart Boutique LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	ORESS)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		a 111
B. If amending the registered agent and/or regi	istered office address on our rec dress here:	ords, enter the name of the new
Name of New Registered Agent:		···
New Registered Office Address:		
	Enter Florida street ac	ldress
		, 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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add
			☐ Remove
		-	Change
			□ Remove
			Change
		·	D Add
			□ Remove
			Change
			Remove
			□ Change

Effective date, if other than the date of filing: (Uf 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document is effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated January 25th 2019 Signature of a member or authorized representative of a member			
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Signature of a member or authorized representative of a member		anuary 25th 2019	
Signature of a member or authorized representative of a member	Dated _.	0	
	Dated _.	Marin Cha	

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Filing Fee: \$25.00