L18000 062 228

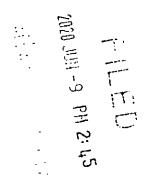
(Re	equestor's Name)			
(Ad	idress)			
(Ac	ldress)			
(Cil	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office Use Only



400342295064

03/26/20--01887--813 ♦♦38.08



Amend Mame Chs

> JUN 1 0 2020 I ALBRITTON

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Miss Banbsell Bartique UC 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:
La-Ushia Robinson Name of Person
miss Bombshell Butique UL
3228 Cathedral Lane
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lateshia Robinson 3586, 916 0634
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

RECEIVED

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



April 13, 2020

LATESHIA ROBINSON 3228 CATHEDRAL LANE JACKSONVILLE, FL 32277

SUBJECT: MISS BOMBSHELL BOUTIQUE LLC

Ref. Number: L18000062228

We have received your document for MISS BOMBSHELL BOUTIQUE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00007735

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Many PHZ.45 The Articles of Organization for this Limited Liability Company were filed on 39Florida document number _ L 1 80000 6 2 2 7 2 8 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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>N</u> ame	Address	Type of Action
	 -		
			□Remove
			Change
			□Add
			□Remove
			□Change
	-		
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			🗀 Add
			□ Change

							<u>.</u>	<u> </u>	
_				- .				,	
		 							
									
				•					 -
				_					
				_		 			
_			<u></u>						
									
		.				 _		<u> </u>	
									
_	••••••••••••••••••••••••••••••••••••••								
									
	<u> </u>					_			
								_	
			-						
			_			<u> </u>			
					_			 .	
(If an effecti Note: If t	ive date is listed, (the date inserte	r than the date the date must be sp d in this block d	occific and occific and occific	cannot be pri	or to date of t	tiling or more tory filing re	han 90 days aft	tional) er filing.) Pursua nis date will no	nt to 605.0207 (3 t be fisted as th
document	, s effective dat	e on the Departi	ment of St	ate's record	is.				
he record spord is filed.	pecifies a delay	ed effective date	e, but not a	m effective	time, at 12:	:01 a.m. on t	he earlier of: ((b) The 90th (lay after the
	<u>June</u>	5		202	Ψ.				
Dated(`		`	_	_		
Dated(ILA	liture of a m	ember or au	thorized repre	esentative of a	member		

Filing Fee: \$25.00