## K18000068864

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A. BUTLER
DEC - 6 2021

## **COVER LETTER**

TO: Registration Section Division of Corpor	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	Name of Person  Aug Properties Routing (1)
	LUST PLEASURE BOTTON LLC Firm/Company
	18855 ULMUS S.F.
	LUTZ FC 33558  City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further information conce	erning this matter, please call:
Name of Per	Trison at (813) 422 965 9  Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
□ \$25.00 Filing Fee	\$\forall \text{\$30.00 Filing Fee & \$\subseteq \text{\$55.00 Filing Fee & \$\subseteq \text{\$60.00 Filing Fee, } \\ \text{Certificate of Status & \$\text{Certificate of Status & \$\text{Certified Copy (additional copy is enclosed)}}\]  \$\forall \text{\$\$\$\$ \$\forall \text{\$55.00 Filing Fee & \$\subseteq \text{\$Certified Copy (additional copy is enclosed)}}\]
Mailing Address: Registration Sec	Street Address:  tion Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LUST PLE	EASURE BOUTIQUE 2021 HOW CS AM 7:56
(A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)  TALLALL BUEE, FL
The Articles of Organization for this Limited Liability	
Florida document number <u>L18 000068</u>	<u>864</u>
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	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 AD.	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	18855 ULMUS ST LUTZ FL 33558
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	KC QUINTANA
New Registered Office Address:	18855 ULMUS ST Enter Florida street address
	LUTZ Florida 33558
	City Zip Code
New Registered Agent's Signature, if changing Degiste	ared 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 Title Name Address Type of Action MILES A DORSEY 21240 GRAN VIA BLUDAND LANDOLAKES R 34637 KREMOVE JOHANNA QUINTANA 18855 ULMUS ST XADD MGR LUTZ FL 33558 ORemove \_\_\_\_\_ □Change \_\_\_\_\_ □Change DAdd \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_ □Change

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		l effective date, b	out not an effec	ctive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
record sp	pecifies a delayed							
record sp l is filed.	pecifies a delayed	_18		<u>21</u> .				
record sp I is filed.			Want		resentative of a me	ember		