## 118000089783

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SECRETARY CORPORATION

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## **COVER LETTER**

Division of Corporations
SUBJECT: Barbii Boss Boutique, LLC 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:
Regina Pavamy of Name of Person
Barbii Ross Bontique, LLC
319 Starmout Dr.
Tallakessee, Fl 37303 City/State and Zip Code
VI gina paramire Quitin-Cin  1E-mail address: (to be used for future ginual report notification)
For further information concerning this matter, please call:
Regina Paramerel at (857) 559-286   Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed)

MAILING ADDRESS:

**Registration Section** 

TO:

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

Barbir Buss Buwt Company (Name of the Limited Liability Company (A Florida Limited Liability Company)	Cas it now appears on our reconstility Company)	rds.)	_
The Articles of Organization for this Limited Liability Company w Florida document number <u>L_1800089783</u> .	rere filed on 4 9 2	01 <i>B</i> and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	v Company." the designation "LI	.C" or the abbreviation	"L.I=C."
Enter new principal offices address, if applicable:	nla	<del>18</del>	<b>-</b>
(Principal office address MUST BE A STREET ADDRESS)			: 포ñ <del>- 목자</del> 크
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<u> 14</u>		<u>— ээ</u> г
B. If amending the registered agent and/or registered office address here:		ds, <u>enter the nan</u>	ne of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	ess	
<u> </u>	City .	Florida <u>h / 2</u> Zip Co	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 605	and I am familiar v 5, F.S. Or, if this de	with and ocument is

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>	Address	Type of Action
mer	Panela tromalez	319 Stamment Dr.	DbA
	Pamela tromzalez	Tall, FL 32303	D Kemove
			Change
			□ Remove
			Change
			Remove
			Change
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ctive date, if othe	r than the date of f	iling:		(optional	)
effective date is listed, e: If the date insert	the date must be specific ed in this block does note on the Department	c and cannot be prior to not meet the applical	o date of filing or more ble statutory filing re	than 90 days after filing	g.) Pursuant to 605.02
	a delayed effectiver the record is file		an effective tim	e, at 12:01 a.m.	on the earlier
ed duly	11 <sup>ch</sup>	2018	_ ·		
	Regui	of a member or author	ized representative of	member	
	~ ipperior i				

Page 3 of 3

Filing Fee: \$25.00