

L18 000 111504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

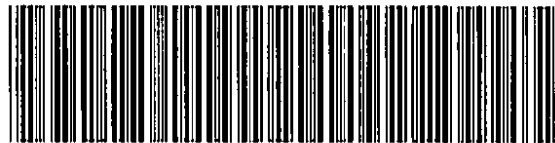
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700346815627

06/26/20 -01000 -000 4425.01

FILED

2020 JUN 26 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Yanique boutique
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:

Judith Joseph
Name of Person

Firm/Company

510 SE 26th St
Address

Cape Coral FL 33904
City/State and Zip Code

Joseph.Judith@panmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith Joseph
Name of Person

at (239) 600-9128
Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUN 26 PM 5:04

FILED

Enclosed is a check for the 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 Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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
OF**

Vanique boutique LLC

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number 82-5097605.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Vanique beauty LLC

The new name must be distinguishable and contain the words "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 ADDRESS)

510 SE 26th St
Cape Coral FL 33904

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 now registered agent and/or the new registered office address here:

Name of New Registered Agent:

Judith Joseph

New Registered Office Address:

510 SE 26th St

Enter Florida street address

Cape Coral, Florida 33904

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.

Judith Joseph

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Judith Joseph	510 SE 26th St	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elson Marquis	510 SE 26th St	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUN 26 PM 5:01
Change
Add
Remove
Change

FILED

2020 JUN 26 PM 5:04
SECRETARY OF STATE
TALLAHASSEE FL 32310

FILED
2020 JUN 26 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 22, 2020

Signature of a member or authorized representative of a member

Judith Joseph
Typed or printed name of signer

Filing Fee: \$25.00