

L18000155484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

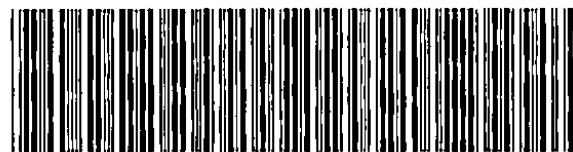
(Business Entity Name)

(Document Number)

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2019 JUL -3 PM 4:59
FILED
JUL 15 2019

R. WHITE

JUL 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Scout For You, 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:

Laura Kelly

Name of Person ... i

Firm/Company

4674 Amburst Circle

Address

Destin FL 32541

City/State and Zip Code

the facial boutique destina@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Kelly

Name of Person

at

(251)

Area Code

550 2828

Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF

FILED

Scout For You LLC

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

2018 JUN 25 PM 4:58

The Articles of Organization for this Limited Liability Company were filed on June 25, 2018 and assigned
Florida document number L18000155484

This amendment is submitted to amend the following:

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

The Facial Boutique, 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)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of /</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remc
		_____	<input type="checkbox"/> Chan;
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		_____	<input type="checkbox"/> Chan;
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		_____	<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

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

Dated _____

6/25/19



Signature of a member or authorized representative of a member

Laura Kelly

Typed or printed name of signer