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C. GOLDEN
FEB - 9 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SEW Me BOUTIQUE UC Name of Limited Liability Company
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:
Latasha Nichols Name of Person
Sew Me Boutique UC
11028 Palmetto Pine St
RIVERVILLE, FL 33569 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL.ED

2019 FEB -4 AM 10: 07 ed Liability Combany as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 11, 2018 and assigned Florida document number 11800167185 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 "LLC" or the abbreviation "LLC." 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 Office Address: Enter Florida street address City

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

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> Address Type of Action <u>Name</u> LaTastra Nichols 11628 Palmetto Pine St. AMBR RIVERVIEW, FL 33569 _□ Change _□ Remove _ Change _□ Remove _ Change _□ Add ☐ Remove _ Change _□ Remove _ Change \square Add ☐ Remove

_□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dated Fcb 1 2019 What Authorized representative of a member
Victor Nichols Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00