118000292572

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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3930) Martin (*)

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		outique, LLC		
30001	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Amelia Barreto		
			Name of Person	
		AdaniqueBoutique, LLC		
			Firm/Company	
		5578 Red Bone Lane		
			Address	
		Orlando, FL 32810		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	all:	
Ameli	a Barreto		at () 412-3206 Area Code Daytimo	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
⋤ \$2	5.00 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)

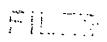
MAILING ADDRESS:

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF



AdaniqueBoutique, LLC		2019 JAN 25 P 12: 12	
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.)	
The Articles of Organization for this Limited document number £18000292572	Liability Company were filed on	12/20/2018 and assigned	
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>' here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
			
B. If amending the registered agent an registered agent and/or the new registered	office address here:	on our records, enter the name of the	
Name of New Registered Agent:	Amelia Barreto		
New Registered Office Address:	5578 Red Bone Lane		
	Enter Florida street address		
	Orlando	Florida 32810	
	City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		
provisions of all statutes relative to the pro	per and complete performance	is capacity. I further agree to comply with a of my duties, and I am familiar with and n Chapter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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.

R = N $R = A$	lanager Authorized Member		
	<u>Name</u>	Address	Type of Action
Į.	Lizette Sanjurjo	P.O. Box 436 Clarcona, Florida 32710	
			
			Remove
		·	Change
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove

. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Trainered any owner and management change (o) here of (mile) (mil	
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	1
	
	<u> </u>
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E. Effective date, if other than the date of filing:	nt to 60 5 ,0207 (3)(be list e d as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the b) The 90th day after the record is filed.	earlier of:
Dated January 22 2019 Signature of a member or authorized representative of a member	
Amelia Barreto	\
Typed or printed name of signee	h

Page 3 of 3

Filing Fee: \$25.00