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COVER LETTER

TO: Registration Section Division of Corporations

auc of 50 FlaUC SUBJECT: 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:

Take Boutique of So Pla UC ESt 123 RO embroke P 33026 iddress: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>454)</u> <u>454</u> -Name of

Enclosed is a check for the following amount:

St \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Talłahassee, 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			
Real Estate Boutique (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000043215</u>	were filed on $2/12/2019$ and assigned		
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1711 NW 123 AVC Pembroke Pines, FL 33026		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	1711 NW 123 AVC Pembroke Pines, Fr 33026		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		IALI ALI	2020	
	Enter Florida street address		<u> </u>	
	. Florid:	1 S -	22	·
			(ipCode	1
New Registered Agent's Signature, if changing Registered Agent:			PH	П
		$\leq \gamma =$	2	\Box

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to gomply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familter 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 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
MGR	Beatriz A. Pereira	15961 SW 8 ST	tt Add
		Pembroke Pines, FE	3302 Remove
			Change
			🗆 Add
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			Change
			🗋 Add
			□Change

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

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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 605.0207 (3)(b) 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.

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 _	Dec. 18		
	1 August	A00-	
	Signa	ture of a member conuthorized representative of a member	
	Hadi L	equerique	
		Typed or brinted name of signee	