# 119000077009

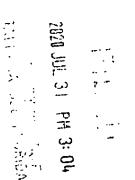
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### **COVER LETTER**

TO: Registration Se Division of Cor				
	Y BOUTIQUE LLC	·		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Laura Neher			
		Name of Person	<del></del>	
	Everyday Boutique			
		Firm/Company		
	513 Key West Ave		2029 JUL 3	
		Address		
	Davenport, Fl 33897			
		City/State and Zip Code		``.
	everydayboutique2019@gm		3: <b>04</b>	
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	all:		
Laura Neher		321 3521447 at ( )		
Name o	f Person		: Telephone Number	
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Sec	rtion	
Division of C		Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee,	FL 32314	2415 N. Monro	Street, Suite 810	

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVERYDAY BOUTIQUE LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited		y were filed on March 19, 2019	and assigned
Florida document number L19000077009			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
MAMA BABIES SHOP LLC			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>N/A</u>	
Principal office address MUST BE A STREET ADDRESS)			<u>:</u>
			,
		N/A	<del>.</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	\ , sh.
B. If amending the registered agent and/or agent and/or the new registered office addr	N 1	address on our records, enter the	name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florid	
	·	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.

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>	Name	Address	Type of Action
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			□Remove
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Note: If the dat	e inserted in tl	his block does r	iling: c and cannot be pr not meet the app of State's recor-	licable statutor	g or more than 90 y filing requires	optional (optional) days after filingments, this dat	) g.) Pursuant to 605.92 e will not be listed
e record spe The 90th da	cifies a del ay after the	ayed effective record is fil	ve date, but i ed.	not an effec	tive time, at	12: <b>01</b> a.m	. on the earlier
Dated July 29	<u> </u>	<i>M</i> . J	2020	<u></u> .			
	Du /	Signature	of a member or a	athorized represe	ntative of a mem	her	<del>_</del>

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Filing Fee: \$25.00