

L19 000159 117

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2021 JUL -8 AM 10:24

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sol Empress Boutique
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:

Anastasia Russell
Name of Person
Sol Empress Boutique
Firm/Company
3001 W Rolling Hills Circle 109
Address
DANe FL 33328
City/State and Zip Code
solempressboutique@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anastasia Russell at (954) 812,6006
Name of Person Area Code 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 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**

801 Empress Boutique

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

The Articles of Organization for this Limited Liability Company were filed on 5/5/2021 and assigned
Florida document number L19000159117

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 "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 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

Florida

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

[illegible]

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

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At the time the document is filed, the date must be specified and cannot be more than 90 days after the document is filed. If the date is not specified, the document will not be filed. If the date is specified, the document will not be filed as the document's effective date on the Department of State's records.

If the record does not file a document, the document is not an effective document. If the document is not filed, the document is not an effective document. If the document is not filed, the document is not an effective document.

2021



Signature of a member or authorized representative of a member

Anastasia Russell

(print or printed name of signer)