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(Re	questor's Name)	
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## **COVER LETTER**

SUBJECT:	THE ESL 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 corres	spondence concerning this matter	to the following:	
	DANA JOHNSON		
	<del></del>	Name of Person	
	6410 NW 31ST TER	Firm/Company RACE	
	GAINESVILLE, FI	Address . 32653	<del>.</del>
	sadiepants0723@gmai	City/State and Zip Code L.com 4	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
DANA JOHNSO	N	352 360-5643	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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

TO:

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

THE EST. BOUTIQUE I.	I.C	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L19000208903	ere filed on 8/15/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abl	oreviation "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)  -		2019 SET - 3
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter.	the name of the ne
Name of New Registered Agent:	<u> </u>	8 2
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	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>	<u>Name</u>	Address	Type of Action
MGR	DANA JOHNSON	6410 NW 31ST TERRACE GAINESVILLE, FL 32653	■ Add
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If an effective date Note: If the date	if other than the da is listed, the date must be inserted in this block ctive date on the Depa	specific and cannot be does not meet the a	pplicable statutory i	or more than 90 days after	ional) or filing.) Pursuant to 605.0 is date will not be fisted
he record spe The 90th da	cifies a delayed e ay after the record	ffective date, bu d is filed.	it not an effectiv	ve time, at 12:01	a.m. on the earlier
Dated 93	0 19	, 2019	·		
		i) 1			

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Filing Fee: \$25.00