## 119000263461

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Eminent St	yles Boutique, LLC			
30000001	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Marcie L. Baker			
		Name of Person		
	Eminent Styles Boutique,	LLC		
		Firm/Company	<del>-</del>	
	9900 W Sample Road, Sui	te 300		
Name of Person				
	Coral Springs, FL 33065			
	<del></del>	City/State and Zip Code	- <del> </del>	
	mlenbaker@aol.com			
	F-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Marcie L. Baker				
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy	
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of C	•	Division of Co The Centre of	-	
P.O. Box 632			rananassee oe Street, Suite 810	
Tallahassee, l	: L J2J14	Tallahassee, FI		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eminent Styles Boutique, LLC				2922
(Name of the Lim	(A Florida Lin	ompany as it now appears on nited Liability Company)	our records.)	2 JUL
The Articles of Organization for this Limited I	Liability Com	pany were filed on 11/04/	2019	arid assigned
Florida document number L19000263461				
This amendment is submitted to amend the fol	lowing:			#: 01
A. If amending name, enter the new name of	of the limited	liability company here:		,·
Amirce' Boutique, LI.C				
The new name must be distinguishable and contain the	words "Limited	Liability Company," the desig	nation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	····	
(Principal office address MUST BE A STRE	ET ADDRES.	<u>s)</u>		<del>.</del>
				····
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address.		fice address on our reco	rds, <u>enter the nam</u> e	e of the new registered
Name of New Registered Agent:	N/A			
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

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
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			Remove
			Change
	***************************************		□Add
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cord specifies a delayed effect	ive date, but not an e	ffective time, at 1	2:01 a.m. on the earlier of	of: (b) The 90th d	ay and the
filed.				A - 200 - 10	
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ed July 4	, 20	)22		गुन्न हुन	<del></del>
11/1				FLOR	P# 4:01

Typed or printed name of signee