## [1900026837]

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## COVER LETTER

ΓO: Registration S Division of Co			
SUBJECT:	TOR HER BOX	Maye LLC	-FAShiery with A
	Name of Limi	ited Etability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	ondence concerning this matter	to the following:	
	Ship	Name of Person	/
		Firm/Company	<del></del>
	-1649 OAK	Ridge Rd Address	
	- 1allahasse	10 FL 32305 City/State and Zip Code	
	M55hire/house E-mail address: (1	OLLE GMALLOM o be beed for future annual report not	fication)
For further information of	concerning this matter, please ca	all:	
Shill Name o	Ley Howard	at (850) 566 Area Code Daytim	- 7399 ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of (		Division of Co	
P.O. Box 632	27	The Centre of T	[allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rAShioni with A ATTHURE LLC.

(A Florida Limited Liabi	lity Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on	and assigned
florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
FOR HOR BRUTIQUE LL The new name must be distinguishable and contain the words Limited Liability C	C "h dai ni NI C" nh h	bassistian VI I C V
	company, the designation EEC of the ab	oreviation E.E.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)		
<del>-</del>	<del></del>	AS &
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ress on our records, enter the nam	,
igent and/or the new registered office address here:	े. स्य	20
	<u> </u>	一 登 川
Name of New Registered Agent:		<del>- 9</del>
New Registered Office Address:	Op.	40
	Enter Florida street address	
	, Florida	
· <del></del>	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 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
		<del></del>	□Add
			□ Remove
			□Add
			Remove
<del></del>			□Add
		<del></del>	Remove
			□Change
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lf an eft <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	ed 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 led.
Dated	Azulan A
	Signature of a member or authorized representative of a member