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Registration Section

Division of Corporations SOUTHERN SUNSHINE BOUTIQUE LLC SUBJECT: 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: SUSAN BROWN-HARTZ Name of Person SOUTHERN SUNSHINE BOUTIQUE LLC Firm/Company 1707 DADS RD Address BAKER, FL 32531 City/State and Zip Code susanbrownhartz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SUSAN BROWN-HARTZ 699-2022 850 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN SUNSHINE BOUTIQUE LLC

(<u>Name of the Lim</u>	ited Liability Comp (A Florida Limited	pany as it now appears on I Liability Company)	our records.)				
The Articles of Organization for this Limited Florida document number 1.20000040835	Liability Compan	y were filed on FEBRU	JARY 4, 2020	and as	signed		
This amendment is submitted to amend the fol	llowing:						
A. If amending name, enter the new name	of the limited lia	bility company here:					
N/A							
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the design	ation "LLC" or the abb	reviation "I	"L.C."		
Enter new principal offices address, if applicable:		N/A					
(Principal office address MUST BE A STRE				- . ·			
			7 7 7	2020 H	******		
Enter new mailing address, if applicable:		N/A	AHAS	MAR 3	*****		
(Mailing address MAY BE A POST OFFICE	BOX)		י תון י תון י תון	-: O	;		
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B. If amending the registered agent and/or agent and/or the new registered office addre	registered office	address on our recor	ds, enter the name	of the ne	w registered		
Name of New Registered Agent:	N/A						
New Registered Office Address:	N/A						
		Enter Florida s	ireet address				
		City	, Florida	Zip Code			
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>					
hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as registered office	e performance of my provided for in Chap	duties, and La <mark>m</mark> fa oter 605. F.S. Or, i	miliar wi f this doci	th and ument is		

If Changing Registered Agent, Signature of New Registered Agent

If a nedding 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
AMBR	SUSAN BROWN-HARTZ	1707 DADS RD BAKER, FL 32531	🗀 Add
			□Remove
			■Change
			□Add
			□Remove
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			SECRETARY NAME AND THE SECRETARY
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MGR TO AMBR						
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ective date, if other than the date of filing:			(o)	otional)		
n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applications.	or to date of icable statu	filing or more itory filing re	th an 90 days a quirements,	iter filing.) Pui this date will	suant to not be	605.02 listed
cument's effective date on the Department of State's records	S.					
ecord specifies a delayed effective date, but not an effective t is filed.	time, at 12	2:01 a.m. on t	he earlier of:	(b) The 90	th day	after tl
FEBRUARY 20 2020	·					
	1	<u> </u>				
= Junau Juau	Jai J	resentative of				

Typed or printed name of signee