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FILED 2020 KMR -2 MH 9: 11

Amend

MAR 2 1 2020 I ALBRITTON

COVER LETTER

reserved to the second

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	XOCHILT ORTIZ		
		Name of Person	
·	Name of Person THE KEY BOUTIQUE LLC Firm/Company 625 TOWER POINT CIRC Address LAKE WALES FL 33859 City/State and Zip Code boutiquethekey@gmail.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Z at (
	<u> </u>	Firm/Company	
	625 TOWER POINT CIRC		Code Innual report notification) 927-5869 Daytime Telephone Number Greet Address: Legistration Section Levision of Corporations Levision of Co
		Address	
	LAKE WALES FL 33859		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification	1)
For further information co	oncerning this matter, please ca	ill:	
XOCHILT ORTIZ			
Name o	f Person	Area Code Daytime Telep	ohone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S	Section	Registration Section	ions
Division of C P.O. Box 632	•	•	
Tallahassee, 1		2415 N. Monroe Str	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE KEY BOUTIQUE		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) V Florida Limited Liability Company)	である。
The Articles of Organization for this Limited Liab	bility Company were filed on FEBRUARY 17, 2020	and assigned
Florida document number L20000053049	·	ِ ۾
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the n</u> <u>here</u> :	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	XOCHILT ORTIZ	625 TOWER POINT CIRC LAKE WALES FL 3385	9 ≣ Add
			□Remove
			□Change
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record specifies a delayed The 90th day after the reco	effective date, tord is filed.	out not an eff	ective time, at	12:01 a.m. on t	he earlier o
red FEBRUARY 27	2020)			
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	Signature of a member	or authorized sec-	acomination of a more	her	