

L20000 111287

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(Business Entity Name)

(Document Number)

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JANUARY 2017

NOV 04 2020

S. YOUNG

COVER LETTER

**Registration Section
Division of Corporations**

Bossy Barbie Boutique, LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ODETTE NESTON OR VENITE JOSEPH

Name of Person

BOSSY BARBIE BOUTIQUE

Firm/Company

15155 W Colonial Dr Unit # 784943

Address

WINTER GARDEN FL 34787

City/State and Zip Code

BOSSYBARBIEBOUTIQUE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ODETTE NESTON

407 234-5919

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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
P.O. Box 6327
Tallahassee, FL 32314

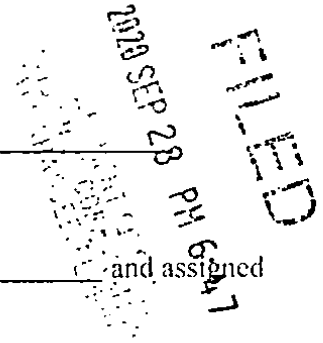
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BOSSY BARBIE BOUTIQUE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)



Articles of Organization for this Limited Liability Company were filed on 4/23/2020 and assigned
Florida document number L20000111287.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

Any new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

By 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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

BR = Manager

BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
BR	MISDAD VENA DESINOR	15155 W COLONIAL DR	<input type="checkbox"/> Add
		UNIT #784943	<input checked="" type="checkbox"/> Remove
		WINTER GARDEN FL 34787	<input type="checkbox"/> Change
BR	VENITE N JOSEPH	15155 W COLONIAL DR	<input checked="" type="checkbox"/> Add
		UNIT #784943	<input type="checkbox"/> Remove
		WINTER GARDEN FL 34787	<input type="checkbox"/> Change
BR	ODETTE NESTON	15155 W COLONIAL DR	<input checked="" type="checkbox"/> Add
		UNIT #784943	<input type="checkbox"/> Remove
		WINTER GARDEN FL 34787	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

-Updating Electronic Articles of Organization to show the following changes:

*Removing Authorized Member (Misdad Vena Desinor)

*Adding Managing Members (Venite N Joseph & Odette Neston)

-Update EIN 85-3009735

Effective date, if other than the date of filing: 09/04/2020 (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record 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 document is filed.

Dated September 4, 2020

Odette Neston

Signature of a member or authorized representative of a member

Odette Neston

Typed or printed name of signee