L20000 119809

(Red	questor's Name)	
(Add	dress)	_
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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JUN 1 8 2020 D CUSHING

COVER LETTER

D	ivision of Cor	porations				
SUBJECT	r.	Cotton C	andy Boutique LLC			
Joojeer	•	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
	•	C	·			
•			Sonia Becerra Name of Person			
			Nume of Person			
			Swyft Filings, LLC			
			Firm/Company			
		3 (Greenway Plaza #1320			
		 	Address			
			Houston, Texas 77046			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		b)	
			filings@swyftfilings.com		3	· · · <u>· · · · · · · · · · · · · · · · </u>
		E-mail address: (to be used for future annual report not	ification)	; <u>:</u> :	•
For further	information ec	oncerning this matter, please ca	all;		20 BY 27 FB	- j
	Sonia B	ecerra	at (877) 777-04	450	79	્રે≘ે કાર
	Name of	`Person		ne Telephone Number	ب <u>ب</u> 37	STATE SKATIJES
Enclosed is	s a check for th	e 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 Stat Certified Copy (additional copy is en		

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ton Candy Boutique L		P
(Name of the Limited Liabil (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)	ين در بن
The Articles of Organization for this Limited Liability (Florida document number <u>L20000119809</u>	Company were filed on	05/04/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	Œ:	
Pink Fir	n Boutique, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		· 	
B. If amending the registered agent and/or registered agent		our records, enter	the name of the ne
registered agent and/or the new registered office add	<u>iress nere</u> ;		
Name of New Registered Agent:			
Name of New Acgistered Agent.			
New Registered Office Address:	F	1	
	rnier Flor	ida street address	
	City	, Florida	Zip Code
	Cuy		any 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
AMBR	Richard Klepper	1043 NE 42 AVE	Add
		HOMESTEAD, FL 33033	Веточе
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
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			Remove
			□ Change

•	
•	
	
ATECI Fan ef	tive date, if other than the date of filing:
Vote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
locun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
1116	e 90th day after the record is filed.
	2020
Dated	05/12/2020 2020
	0 40 -
	Signature of a member or authorized representative of a member
	Zora Klepper
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00