

L20000 124927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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JUN 22 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Zi&Zen Girlie Boutique LLC
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:

AFIYA BLEDMAN

Name of Person

Zi&Zen Girlie Boutique LLC

Firm/Company

2550 CITRUS TOWER BLVD APT 7303

Address

CLERMONT, FLORIDA, 34711

City/State and Zip Code

zizen_girlieboutique@outlook.com

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

For further information concerning this matter, please call:

AFIYA BLEDMAN

352

217-2852

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

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KESTON BLEDMAN	2550 CITRUS TOWER BLVD, APT 7303	<input checked="" type="checkbox"/> Add
		CLERMONT FLORIDA 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AFIYA BLEDMAN	2550 CITRUS TOWER BLVD, APT 7303	<input checked="" type="checkbox"/> Add
		CLERMONT FLORIDA 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

If the 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 record is filed.

2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00