## 120000178640

<u>.                                    </u>	(Requestor's Name)
<u> </u>	(Address)
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<u> </u>	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
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Spe	cial Instructions to Filing Officer:
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## **COVER LETTER**

	gistration Sec dision of Corp			
CUB IECT.	PALM ISLA	AND BOUTIQUE, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please return	n all correspoi	ndence concerning this matter	to the following:	
		MARK D. NICHOLS		
1			Name of Person	•
		UNITED FRANCHISE GR	ROUP	
1			Firm/Company	
		2121 VISTA PARKWAY		2021 FEB
			Address	FEB -
ļ		WEST PALM BEACH, FI	_ 33411	- <del>-</del>
•		:1.10.5	City/State and Zip Code	PH 3: 22
!		mnichols@ufgcorp.com E-mail address: (	to be used for future annual report notification)	3: 22 3: 22
For further i	information co	oncerning this matter, please ca		
Sally Rodri	guez		561 868-2552	
	Name of	f Person	Area Code Daytime Telephone Number	r
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
Re Di P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM ISLAND BOUTIQUE, LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 6/25/2020 and assigned
Florida document number L20000178640	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
ANREA RAE COLLECTION, LLC	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	
	2
Enter new mailing address, if applicable:	SOFT P II
Mailing address MAY BE A POST OFFICE BOX)	S S S
	1E 22
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e address on our records, enter the name of the new register.  Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	gree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

GR = M	from our records:		
MBR = A	uthorized Member		
<u>tle</u>	Name	Address	Type of Action
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	02/10/2021	
ecti	ive date, if other than the date of filing: (optional) ective 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 60 days after filing or more than 90 days after filing.	05.020°
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be it.	sted as
cum	ent's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
is fil		
ted		
	Signature of a member or authorized representative of a member	
	MARK D. NICHOLS, ESQUIRE as REGISTERED AGENT	