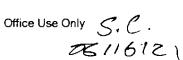
## L20 000 194781





400364362814

05/06/21--01011--010 \*\*30.00

[02] PAT -6 A II: 24

## **COVER LETTER**

TO: Registration S Division of Co			<b>^</b> '
SUBJECT:	lin's Boo	tique. LIC	· · · · · · · · · · · · · · · · · · ·
Division of Corporations  SUBJECT: Let In 'S Pack table 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:  Landa Joseph Name of Person  Firm/Company  GRA HO BERT MARY FL 3294 LG  Litt/State and Zip Code  Litt/State and Zip Code  Jer In South Color City/State and Zip Code  Femaliaddress: (to be used for Vature annual report Jobification)  For further information concerning this matter, please call:  Area Code Daytime Telephone Number  Company  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
·	-	_	
	Linda	Name of Person	<del>.</del>
		rane or reison	
		Firm/Company	
	9846 Ber	Area Code  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	
	celes of Amendment and fee(s) are submitted for filing.  Orrespondence concerning this matter to the following:  Load Joseph Name of Person  Firm/Company  Chy/State and Zip Code  Jernin South Quegant Com  E-mail address:  Area Code  Daytime Telephone Number  at 255.00 Filing Fee & Certificate of Status & Certificate		
	in diados	Citly/State and Zip Code	2001 1000
	Name of Limited Liability Company  B Articles of Amendment and fee(s) are submitted for filing.  It all correspondence concerning this matter to the following:  Linda Joseph Name of Person  Firm/Company  Gity/State and Zip Code  Jerlinsbowthaue Granding Company  E-mail address: (to be used for future annual report Jotification)  In check for the following amount:  Tiling Fee  S 530.00 Filing Fee & Certificate of Status  Certificate of Status  Street Address:  gistration Section  Street Address:  Registration Section		
For further information of	concerning this matter, please or	all:	
1 1 -	L d -		00.10
Linaci	JOSEPH_	at (U5) 51 (c	0.4141
Name o	of Person	Area Code Daytim	
			27
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	
			 24
Mailing Addre	ss:	Street Address:	
Registration	Section	Registration Se	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

bolone Bristian 110

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L2DOO 1947</u> 8	111000	20 and assigned
If amending name, enter the new name of the limited liability company here:  enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  there new principal offices address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  atter new mailing address, if applicable:  [ailing 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 ent and/or the new registered office address here:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "Li.C" or the al	obreviation "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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the nan	
Name of New Registered Agent:		= 1
New Registered Office Address:	Enter Florida street address	<del>-</del>
	, Florida	> ·1
	City	Fip Code

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.

New Registered Agent's Signature, if changing 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>	Name	Address	Type of Action
MOR	Linda Joseph	9846 Bernwood A.D.	Add
		#102	□Remove
		Fort Myers FL, 3396	( <u>√)</u> □Change
AMBR	Jermaine Forbes	9846 Bernwood PIC	<b>∠</b> □Add
		#102	□Remove
		Fort Myers FL. 33960	
			□Add
			□Remove
			Change
			□Add
		· ·	Remove
			Change
			Doba ⊆ _
		<del> </del>	<b>≥</b> □Remove
			□Change
<u></u>			□ Add
			□Remove
			□Change

		_
	<del></del>	_
		_
		_
		_
		_
		_
		_
		_
		<del></del>
		_
		_
		.بسر
	2021	- ()
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filin	(optional)	,
effective date is listed, the date must be specific and cannot be prior to date of filin te: If the date inserted in this block does not meet the applicable statutor;	ng or more than 90 days after filing.) Pursuant to 6 ry filing requirements, this date will not be li	05.0201 sted as
ument's effective date on the Department of State's records.	Ġ	~;
	$\triangleright$	: i 
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.		ter the
may 4	24	
cas 5-4-2021 2021		
thata ) of the		
Signature of a neuther or authorized represen	mative of a member	
1 0 0 0 0 1 0 10		

Filing Fee: \$25.00