120000266610

(Req	uestor's Name)	
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone	#)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bus	iness Entity Nam	e)
(Doo	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		one #) MAIL Name)

Office Use Only

185-1053. 524-707-6206



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AFR: 7. .

04/08/22--61008 -005 **25.00

1022 JUN 16 PH 4: 5

f 6/10/2022

COVER LETTER

TO:	Registration So Division of Cor			
CHD IE	7787	outique, LLC		
SUBJECT: Name of Limited Liability Company				· · · · · · · · · · · · · · · · · · ·
The enci	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Alkeyra Lavalliere		
			Name of Person	
		Chirawr Boutique, LLC		
			Firm/Company	
		11380 SW 43 Rd. Apt. 6	i-104	
			Address	
		Miramar, FL. 33025		
			City/State and Zip Code	
		lalkeyra@yahoo.com		
Car Sant			to be used for future annual report no	tification)
		oncerning this matter, please c		
Alkeyra	Lavalliere		954 945-6641 at ()	
	Name e	f Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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	Street Address: Registration S	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303



June 10, 2022

ALKEYRA LAVAILLIERE 11380 SW 43 ROAD APT. 6-104 MIRAMAR, FL 33025

SUBJECT: CHI'RAWR BOUTIQUE LLC

Ref. Number: L20000266610

We have received your document for CHI'RAWR BOUTIQUE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pages 2 and 3 are missing.

We are enclosing the proper form(s) with instructions for your convenience.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00013075

Claretha Golden Regulatory Specialist II

www.sunbiz.org



RECEIVED

2022 JUN - 1 PM 1:09

SECRE) STAIL TALLAHAT SEE, FL

May 2, 2022

ALKEYRA D LAVALLIERE 11250 SW 44 STREET 1-201 MIRAMAR, FL 33025

SUBJECT: CHI'RAWR BOUTIQUE LLC

Ref. Number: L20000266610

We have received your document for CHI'RAWR BOUTIQUE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please specify which article number and/or article title you are amending, adding, or deleting.

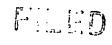
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 222A00010151

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUH 16 PH 4:55

CHI'RAWR BOUTIQUE I	.LC		\$40pp	5147F
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records:) - L	wae, FL
The Articles of Organization for this Limited L. Florida document number L20000266610				and assigned
his amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
ADL Concierge, LLC				
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designati	on "LLC" or the abbrev	iation "L.L.C."
Inter new principal offices address, if applic	able:	11380 SW 43rd Drive	Apt. 6-104	
Principal office address MUST BE A STREE		Miramar, FL. 33025		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	11380 SW 43rd Drive Miramar, FL. 33025	e, Apt. 6-104	
3. If amending the registered agent and/or ingent and/or the new registered office addre		address on our records	s, enter the name of	the new regist
Name of New Registered Agent:				
New Registered Office Address:	11380 SW 43	rd Drive, Apt. 6-104		
	 	Enter Florida stre	et address	
	Miramar		, Florida <u>33205</u>	
		City		Zip 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 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
MGR	ALKEYRA LAVALLIERE	11380 SW 43rd Drive. Apt. 6-104	■Add
		Miramar, FL. 33025	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			[] Change
			□Add
			□Remove
			□Change

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Note:	ive date, if other than the date of filing:	.020° ed as
reco d is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	r the
ated	6/16/2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00