LZO 000293116

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COVER LETTER

TO: Registration Division of (n Section Corporations		
SUBJECT. CHELLI	E AND TELL BOUTIQUE LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	SUITE 220	
		Address	· · · · · · · · · · · · · · · · · · ·
	HOUSTON TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report noti-	fication)
For further information	on concerning this matter, please ca	all:	
LOVEITE DOBSON	1	888 462-3453	
Nan	ne of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	or 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:

TO:

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

CHELLE	AND TELL BOUTIQUE LLC		
(Name of the Limited L (A F	iability Company as it now appear lorida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	09/17/2020	and assigned
Florida document numberL20000293116			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)	-	
			2020
Enter new mailing address, if applicable:	 -		- 5 n
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	···	<u> </u>
B. If amending the registered agent and/or a		our records, ente	r the name of the r
registered agent and/or the new registered office	address here:		7-
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
_	<u></u>	, Florida _	
	City		Zip Coxle

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>	Name	Address	Type of Action
AMBR	LAMAR KENDRICK II	453 W VAN BUREN LOOP UNIT-2	☑ Add
	TALLAHASSEE, FL 32301	□ Remove	
			☐ Change
			🖸 Add
			Remove
			Change
			□ Add 2
			Add Add Remove C 2 Grange AH
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			AH JOU
			Remove
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			Remove
			□ Change

			
			
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			ptional)
ffective date, if other than the date of an effective date is listed, the date must be spe	of filing:	(0	ptional)
'an effective date is listed, the date must be spe Note: If the date inserted in this block do locument's effective date on the Departm	es not meet the applicabl	date of filing or more than 90 days a e statutory filing requirements,	fler filing.) Pursuant to 605.02
e record specifies a delayed effe The 90th day after the record is		n effective time, at 12:0	1 a.m. on the earlier
pated DECEMBER 10	2020		
<u> </u>	Parle		
Signat	ure a member or authoriz	ed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00