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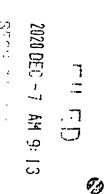
(Requestor's Name)
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(Document Number)
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COVER LETTER

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	gistration Se vision of Cor			
eed ieze		E WIG BOUTIQUE LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ALICIA S MCCULLOUG	Н	
		-	Name of Person	
			Firm/Company	
		120 LITTLE ACRES DRI		
		DALATEA ELODIDA 23	Address	
		PALATKA, FLORIDA 32		
		AMCCULLOUGH1973@Y	City/State and Zip Code 'AHOO.COM	
		_	to be used for future annual report not	ification)
For further	information c	oncerning this matter, please ca	all:	
ALICIA S	MCCULLOU	GH	386 643-5840 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
ઇ \$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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations			Division of Cor	rporations
	O. Box 632 illahassee, l		The Centre of 1	Γallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXQUISITE WIG BOUTIQUE LEC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	,
The Articles of Organization for this Limited Liability Company	were filed on 10/07/2020	and assigned
Florida document number 1.20000317663		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		S 20
	· —	201
	<u> </u>	1 7 1
Enter new mailing address, if applicable:		-7
		⇒ AM
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u>.</u>
D. Marian Marian and Company of the		ω
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ie name of the new registe
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Flor	
	Cin ^o	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
MANAG	ALICIA S MCCULLOUGH	120 LITTLE ACRES DRIVE	= Add
		PALATKA, FLORIDA 32177	Remove
			□Change
AMBR	FARRELLTON'S MCCULLOUGH Sc.	120 LITTLE ACRES DRIVE	□Add
		PALATKA, FLORIDA 32177	□Remove
AMBR	FARRELLTON S MCCULLOUGH ゴバ	120 LITTLE ACRES DRIVE	≣Add
		PALATKA, FLORIDA 32177	□Remove
			□Change
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n effectiv I te: If t	ve date is listed, th he date inserted	than the date of the date must be spec- lin this block does on the Departme	ific and cannot be s not meet the ar	oplicable statutor	ng or more than 90 ry filing requiren	(optional) days after filing.) Pu ents, this date wil	rsuant to 605.0207 I not be listed as t
		-1					
cord sp s filed,	occifies a delaye	d effective date, b	ut not an effecti	ve time, at 12:0)	a.m. on the earl	ier of: (b) The 90	Ith day after the
ed NO	VEMBER 20		2020				
	Ali	- 8-				er	
		Signatur	e of a member or	authorized represe	ntative of a member	21	

Filing Fee: \$25.00