L7000034171Z

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TO:

Registration Section
Division of Corporations

| 21 15 11 277 | | XICO BOUTIQUE, LLC. | | | |
|---|--|---|---|--|---|
| SUBJECT: | | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | | WILLIAM VASQUEZ | | | |
| | Name of Person | | | | |
| | A & A | BUSINESS SERVICES, INC. | | | |
| Firm/Company | | | | | |
| 7751 KINGSPOINTE PKWY, SUITE 125 Address | | | | | |
| | | | | | ORLANDO, FL. 32819 City/State and Zip Code |
| | | abusinesstl@hotmail.com | | | |
| | E-mail address: (| to be used for future annual report not | flication) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| William | | 407 383-7812 | | | |
| Name of Person | | at () Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| S25.00 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 | | Street Address: Registration Section | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | | |
| Tallahassee, | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2021

WILLIAM VASQUEZ A & A BUSINESS SERVICES INC 7751 KINGSPOINTE PKWY - STE. 125 ORLANDO, FL 32819

SUBJECT: AMOR A MEXICO BOUTIQUE, LLC.

Ref. Number: L20000341712

We have received your document for AMOR A MEXICO 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.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 121A00000845

See New Downards enclosed

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| ARTICLES OF T | AMENDMENT O DRGANIZATION OF UTIQUE, LLC. anv as it now appears on our records.) Liability Company) |
|---|--|
| ARTICLES OF C | ORGANIZATION |
| O | OF State of the st |
| | ~, · · · · |
| AMOR A MEXICO BOO | UTIQUE, LLC. |
| (Name of the Limited Liability Compa (A Florida Limited | inv as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number 1.20000341712 | were filed on 12/27/2020 and assigned |
| This amendment is submitted to amend the following: | |
| - | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| AMOR POR MEXICO BO | · |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 231 S. BREVARD AVE |
| (Principal office address MUST BE A STREET ADDRESS) | ARCADIA, FL. 34266 |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registere</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | City Zin 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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| MGR = Manager | |
|--------------------------|--|
| AMBR = Authorized Member | |
| | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| ffactive data if other | than the date of filing: | 12/27/2020 | | (optior | ual) |
| an effective date is listed. | the date must be specific and o | annot be prior to | late of filing or more | than 90 days after fi | ling.) Pursuant to 605.02 |
| | d in this block does not me e on the Department of St | | e statutory filing r | requirements, this o | iate will not be listed: |
| | | | | | |
| | ed effective date, but not a | in effective time | , at 12:01 a.m. on | the earlier of: (b) | The 90th day after th |
| d is filed. | | | | | |
| DECEMBER 27. | | 2020 | | | |
| Dated | | -0, | / | | |
| (| romaly | \mathcal{I}_{-} | Lay | 700 | |
| | Signature of a m | embe o authori. | ed representative of | a member | |
| | | ERANDY G. C | ASTRO | | |
| | · | l'yped or printed | name of signee | | _ |