## L21000013364

(Requestor's Name)
(Address)
(//dd/c33)
(Address)
June 1990
(City/State/Zip/Phone #)
PICK-UP WAIT : MAIL
(Business Entity Name)
(Dogwood Number)
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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations	
SUBJECT: Greenlight Fashion Boutique LLC 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:	
Allisan Harave	_
Greenlight Fashion Boutique	<u>l</u> lc
431W264n5+	_
City/State and Zip Code  City/State and Zip Code  Cycen light 7 GSNiabout igue & Gw  E-mail address: (to be used for future annual report notification)	— Mai`l
ri-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Name of Person  at (843)  Area Code  Daytime Telephone Numl	ber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & ed Copy nal copy is enclosed)
Mailing Address: Street Address:	

Registration Section

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 1-4-2021 and assigned Florida document number 62100013364

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

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 address on our records, enter the name of the new registered agent and/or the new registered Agent:

New Registered Office Address:

Enter Florida street address

Enter Florida street address

## 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.

Cin

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>	<u>Name</u>	Address	Type of Action
AMBR	Allisan Horgrave	LBIW 26th St Joeksmuille Fl 322	_ <del>=</del> xdd
		000 1000 1000	□Remove
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(If an el <u>Note:</u>	tive date, if other than the date of filing:  [Coptional]  [Coptional]
f the reco record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the fled.
Dated	<u>2-11-2021.</u> 2021.
	2-11-2021. 2021.  Alund Hagnus  Signature of agreember or authorized representative of a member

Filing Fee: \$25.00