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(Requestor's Name	?)
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(Business Entity N	ame)
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TO:

Registration Section

Tallahassee, FL 32314

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Divi	sion of Cor	porations		
THE SOUTHERN PEACH BOUTIQUE, LLC				
SUBJECT:				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Haley D.Fuhrman		
			Name of Person	
		The Southern Peach Boution	que, LLC	
	Firm/Company			
4335 Barret Avenue				
Address				
Plant City, FL 33566				
City/State and Zip Code				
		hd.fuhrman@gmail.com		<u>. </u>
			to be used for future annual report no	tification)
For further in	formation c	oncerning this matter, please co	all:	٠,
Haley D. Fuhrman		727 282-9176		
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		>
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address:	
	gistration S		Registration Se	
	ision of C . Box 632	orporations 7	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SOUTHERN PEACH BOUTIQUE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 14, 2021 and assigned Florida document number L21000032215 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 "L.L.C." 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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

Title	<u>Name</u>	Address	Type of Action
AMBR MGR	Brian Leroy Miller, Jr	4335 Barret Avenue Plant City, FL 33566	= Add
			□Remove
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable segment's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02 tatutory filing requirements, this date will not be listed
·	
ecord specifies a delayed effective date, but not an effective time, alis filed.	: 12:01 a.m. on the earlier of: (b) The 90th day after th
ted (25/2021 2021) Hally Signature of a member or authorized	
Haller Dr	

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Filing Fee: \$25.00