Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

Enter the email address for this business entity to be used for future \bar{z} annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PACKAGING BOUTIQUE LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Help

COVER LETTER

TO: Registration Se Division of Co					
	ING BOUTIQUE LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter				
	JESSICA TORRES				
		Name of Person			
	TAX CARE CELEBRAT	ION			
	 	Firm/Company		and.	
	1400 NW 107TH AVE ST	TE 203		2021 JUL 17 Secretari Ali abassi	
		Address			
	SWEETWATER FL 3317	2		777	
		City/State and Zip Code			
	JESSICA.TORRES@TAX			AH IO: 16	١.
		to be used for future annual report notification	ition)	0. 9	
For further information of	concerning this matter, please of	all:			
JESSICA TORRES		786 845-8854 at ()			
Name o	of Person		elcphone Number		
Enclosed is a check for the	he 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 F Certificate of S Certified Copy (additional copy is	Status &	
Mailing Addres Registration	Section	Street Address: Registration Section			
Division of C	.omoraiions	Division of Corno	CHIODS		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PACKAGING BOUTIQUE LLC	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000094838	were filed on 02/25/2021 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:
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:	4897 W WATERS AVE STE E
Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 34638
	4897 W WATERS AVE STE E
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 34638
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new reg</u> i
New Posistered Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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
		□ Add □ Remove □ Change □ Add □ Remove □ Change □ Add □ Remove □ □ Add □ Change	
			Remove
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to eg: If the date inserted in this block does not meet the applicable iment's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing.) Pursuant to 6 e statutory filing requirements, this date will not be li	05.0 sted
ord specifies a delayed effective date, but not an effective time filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter t
d JULY 15 , 2021 ,		
(atalysa)	p1010	

Filing Fee: \$25.00