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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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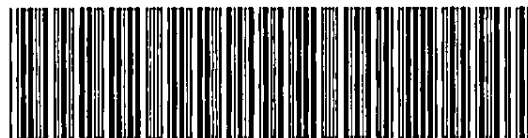
(Business Entity Name)

(Document Number)

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AUG 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pretty Girl Probz Boutique
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:

Kenisha Turner

Name of Person

Pretty Girl Probz Boutique

Firm/Company

935 N. Beneva Rd STE 609-1043

Address

Sarasota, FL 34243

City/State and Zip Code

kenishaturner48@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Rodriguez

Name of Person

at (727) 308-1181

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

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

Pretty Girl Probe Boutique
(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 L21000113990 and assigned
Florida document number 3/10/2021 AR

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.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:

935 N. Beneva Rd STE 609-1043
Enter Florida street address
Sarasota, Florida 34243
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.

Veronica Tavares
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>	<u>Address</u>	<u>Type of Action</u>
P	Kenisha Turner	8319 38th Cir E.	<input type="checkbox"/> Add
		302	<input checked="" type="checkbox"/> Remove
		Sarasota, FL 34243	<input type="checkbox"/> Change
MGRM	Kenisha Turner	935 N. Beneva Rd	<input checked="" type="checkbox"/> Add
		STE 1009-1043	<input type="checkbox"/> Remove
		Sarasota, FL 34243	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing registered agent address
on file only.

① New Registered agent address:

935 N. Beneva Rd STE 609-1043
Sarasota, FL 34243

② also change the authorized persons
address to

935 N. Beneva Rd STE 609-1043
Sarasota, FL 34243

③ change authorized person's title from
(P) to (MGMR)

E. Effective date, if other than the date of filing: 3/10/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 7/21/2021

Kerisha Turner

Signature of a member or authorized representative of a member

Kerisha Turner

Typed or printed name of signer