

L21000179598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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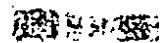
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07/12/23--01011--005 **25.00

2023 JUL 12 PM 11:54
STATE
FL



R. HUNT

07/12/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shy Fever 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:

Shynetter Hunt
Name of Person

Shy Fever Boutique
Firm/Company

1403 Dunn Ave Ste 2 #186
Address

Jacksonville, FL 32218
City/State and Zip Code

Hello@the.shyfeverboutique.com
E-mail address: (to be used for future annual report notification)

2013. 12 PM 11:55
RECEIVED
TALLAHASSEE, FL
DIVISION OF STATE

For further information concerning this matter, please call:

Shynetter Hunt at (229) 352-1845
Name of Person 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

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

Shy Fever 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 04/17/2021 and assigned Florida document number L210006179598

This amendment is submitted to amend the following:

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

The Shy Fever Boutique LLC
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)

1403 Dunn Ave
Ste 2 #186
Jackson Jacksonville, FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1403 Dunn Ave
Ste 2 #186
Jacksonville, FL 32218

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

City

Zip

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

CLAY COUNTY
CLASSE, FL

12 PM 11:55

12 PM 11:55

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

Changes to business

name now - Shy Fever Boutique LLC

I would like the name changed to:

The Shy Fever Boutique LLC

Current email address:

hello@the shyfever boutique .com

FILED
2023 JUL 12 PM 1:55
CLERK OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (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 July 06, 2023.

Shynette Hunt

Signature of a member or authorized representative of a member

Shynette Hunt

Typed or printed name of signee