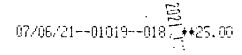
## LZI 000 203998

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Se Division of Cor			
Posh'd Boi	utique		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Megan Fonte		
	·····	Name of Person	
	Posh'd Boutique, LLC		
		Firm/Company	
	3000 NW 130th Terrace, A	.pt# 314	
	<del></del>	Address	·
	Sunrise/FL 33322		
	poshdboutique l@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Megan Fonte		954 268-6651	
Name o	of Person	at () Area Code Daytime	Address  State and Zip Code  d for future annual report notification)  954 268-6651  at (
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

Posh'd Boutique, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L21000203998 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 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 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
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			Remove
			□Change
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ffective date, if other than the an effective date is listed, the date motor:  ote: If the date inserted in this becoment's effective date on the I	ist be specific an dock does not	id cannot be prio meet the appli	or to date of filis icable statutor	ng or more than 9 ry filing require	0 days after filir	ne ) Pursuant to 60	)5.0207 sted as
record specifies a delayed effecti is filed.	ve date, but no	t an effective (	time, at 12:01	a.m. on the ea	rlier of: (b) 1	Fhe 90th day aft	er the
ated		2021					
	n fent Signature of a						
——————————————————————————————————————							