21000389248

(Re	equestor's Name)	
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2021 SEP -7 PM 8: 00

SECONGLASSES FROM

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	DUE BOUTIQUE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analysed Artisles of	Amendment and fee(s) are sub.	mittad for Clina	
		·	
Please return all correspo	ndence concerning this matter	to the following:	
	GUY B MCINTOSH		
		Name of Person	
		Firm/Company	
	116 NW 4TH AVE UNIT	ВІ	
		Address	
	BOCA RATON, FLORIDA	A 33432	
		City/State and Zip Code	
	iamuniquedesignerone@gm E-mail address: (to be used for future annual report notifi	eation)
For further information c	oncerning this matter, please ca	all;	
GUY B MCINTOSH		954 934-6448 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 St. Division of C. P.O. Box 632 Tallahassee.	Section forporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

LAM UNIQUE BOUTIQUE LLC

2021 SEP -7 PM 8: 00

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears ap our records it clability Company) TALLAHASSEE.	r stail Turk
The Articles of Organization for this Limited Liability Company Torida document number L21000389248	. 1761114167 51 505	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ity 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)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
Hunng unavess MAT DE ATOST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and . Or, if this document is

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>l itle</u>	<u>Name</u>	Address	Type of Action
AMBR	GUY B MCINTOSH	116 NW 4TH AVE	■Add
		UNIT BI	□ Remove
		BOCA RATON, FLORIDA 33432	
			□Remove
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	ate of filing:		(optional) Hickors after filing) Pursuant to t	
f an effective date is listed, the date must b	e specific and cannot be prior			
f an effective date is listed, the date must b Note: If the date inserted in this block	e specific and cannot be prior k does not meet the applic	able statutory filing require		
fan effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department specifies a delayed effective described.	e specific and cannot be prior k does not meet the applicant fractment of State's records.	able statutory filing require	ements, this date will not be l	isted as t
fan effective date is listed, the date must b Note: If the date inserted in this block document's effective date on the Department's record specifies a delayed effective ded is filed. SEPTEMBER 1	e specific and cannot be prior k does not meet the applicant fractment of State's records.	able statutory filing require	ements, this date will not be l	isted as t
fan effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department's effective date on the Department's decire a delayed effective distilled. SEPTEMBER 1	e specific and cannot be prior k does not meet the applic artment of State's records. late, but not an effective ti	able statutory filing require	ements, this date will not be l	isted as t
Dated	e specific and cannot be prior k does not meet the applicantment of State's records. late, but not an effective ti	able statutory filing require	ements, this date will not be l wlier of: (b) The 90th day a	isted as t