

121000389248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

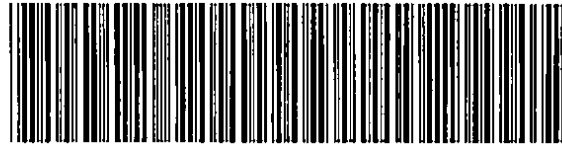
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/16/2021  
JH

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: I AM UNIQUE 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:

GUY B MCINTOSH

Name of Person

Firm/Company

116 NW 4TH AVE UNIT B1

Address

BOCA RATON, FLORIDA 33432

City/State and Zip Code

iamuniquedesignerone@gmail.com

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

For further information concerning this matter, please call:

GUY B MCINTOSH

954

934-6448

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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I AM UNIQUE BOUTIQUE, LLC

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-22-2011 BY 60322 UCBAW

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new mailing address, if applicable:**

Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**

Title	Name	Address	Type of Action
AMBR	GUY B MCINTOSH	116 NW 4TH AVE	<input checked="" type="checkbox"/> Add
		UNIT B1	<input type="checkbox"/> Remove
		BOCA RATON, FLORIDA 33432	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**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.

**Filing Fee: \$25.00**