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PRINCIZE MILLING

## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

FO: Registration Section Division of Corporation			
SUBJECT: Feax	ess Hospita Name of Limit	CALLY BOUTIQUE	LLC
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Madison	W Taylor Name of Person	
	Fearless H	OSPITALITY BOUTI	que LLC
	3210 Lary	h Lane Address	
	Mulberru	J FL 33860 City/State and Zip Code	
	Fearlesshost E-mail address: (d	Ditality bouting e @ obe used for filture annual report notifi	OUTION, COM
For further information con-	cerning this matter, please ca	H:	
Madison W Name of P	Taylor	at ( <u>863</u> ) <u>255</u> – Area Code Daytime	ZS&\ Telephone Number
Enclosed is a check for the	following amount:		
\$\$\\$25.00 Filing Fee	S30.00 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:	ari an	Street Address:	tion
Registration Sec Division of Cor		Registration Sec Division of Соп	
DIVISION OF COL	poracións	The Control of To	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fearless Hospitality Boutique ILC.

(Name of the Limited Li (A Fl	ability Company as it now appears or orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili Florida document number <u>LZ\003917</u> 4	1	ember 1, 2021 and assigned
This amendment is submitted to amend the following	g:	
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 desig	nation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		28 H
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	20 H. 30
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
_		, Florida
_	Ciţ	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.

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>	Name	<u>Address</u>	Type of Action
<u>AMBR</u>	Madison W Taylor	3210 Lark Lane, Mullerry, FL	33860X1dd
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			Remove Chapter
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			□Change
			□Add
			□Remove
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