

L21000534442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

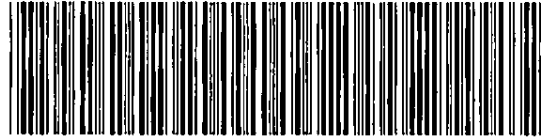
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY GODDIE 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:

Benola Michele Horton
Name of Person

Firm/Company

P.O. Box 1345
Address

Fort Myers, FL 33901
City/State and Zip Code

Benolahorton@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benola M. Horton at 239.544-1716
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FL

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY GODDIE 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:

Benola M. Guyton
Name of Person

MY GODDIE BOUTIQUE LLC
Firm/Company

P.O. Box 1345
Address

Fort Myers, FL 33902
City/State and Zip Code

Benolahorton3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benola M. Guyton at 239 544-6106
Name of Person Area Code Daytime Telephone Number

2024 JUN -9 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FL

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)

I sent AN money order prior, But My name change wasn't accepted due too close to Another name conflict & Intrest.

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

No check

KB

6/12/24

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

MY GODDIE 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 12-21-2021 and assigned
Florida document number L2100053442

This amendment is submitted to amend the following:

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

BOUJEE BEE EXQUISITE 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)

3548 EVANS AVE
FORT MYERS, FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 1345
FORT MYERS, FL
33902

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

1. 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
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2021 JUN -9 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUN -9 PM 4: 55
SECRETARY OF STATE
TALLAHASSEE FL

SECRET
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 06-09-2024 BY 60322 UCBAW

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.

Dated JUNE 4, 2024

Signature of a member or authorized

Signature of a member or authorized representative of a member

Benola M. Guyton

Typed or printed name of signee