

L2200000 3232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

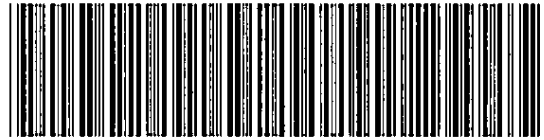
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400395009924

022-156745

08/29/22-- 01006--004 \*\*25.00

LLC NIC & Amend

2023 AUG 21 PM 12 02  
DEPARTMENT OF STATE

FILED

A. RAMSEY

AUG 25 2023

\* 00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2023

LAUNAT ANEVIL  
3600 MONTEREY LN  
NORTH PORT, FL 34288

SUBJECT: LAUNAT ANEVIL L.L.C.  
Ref. Number: L22000003232

We have received your document for LAUNAT ANEVIL L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and date the last page of the amendment form..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 123A00003935

AUG 21 2023



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2022

LAUNAT ANEVIL  
PO BOX 7948  
NORTH PORT, FL 34288

SUBJECT: LAUNAT ANEVIL L.L.C.  
Ref. Number: L22000003232

We have received your document for LAUNAT ANEVIL L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

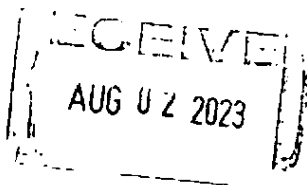
Your document is incomplete. Page 2 and 3 are missing. Please include page 2 even if you are not making any changes on that page and please have a member or authorized representative of a member sign and date the amendment on page 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 122A00028487



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Laurat Anevil 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:

Laurat Anevil  
Name of Person

Laurat Anevil  
Firm/Company

Po Box 7948  
Address

North Port, FL 34290  
City/State and Zip Code

laurat@9c@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurat Anevil at ( 561 ) 308-2044  
Name of Person Area Code Daytime Telephone Number

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Lauriat Anevil LLC

2023 AUG 21 PM 12 02

(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 12/27/21 and assigned Florida document number L22000003232

This amendment is submitted to amend the following:

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

ANEVIL Boutique, 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)

3600 Monterey Ln

North Port, FL 34288

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 7948

North Port, FL 34290

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 \_\_\_\_\_  
City 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 Changing Registered Agent, Signature of New Registered Agent

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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

