## L22000187360

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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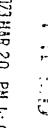
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Passion On SUBJECT:	line Boutique, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	-	
	Han Doan Zimmerman		
		Name of Person	<del></del>
	Passion Online Boutique.	LLC	
	<del></del>		
	<del></del>		
	Palm Beach Gardens, Fl 3	3418	Z023 HAR 20
		City/State and Zip Code	
	rzim27@gmail.com		20
		to be used for future annual report notification)	AR 20 PH 4: 06
For further information c	oncerning this matter, please c	all:	SIS
Han Doan Zimmerman		561 3396679 at ( )	. JE 806
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Passion Online Boutique, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recorted Liability Company)	rds.)
he Articles of Organization for this Limited Liability Comp	any were filed on 04/19/2022	and assigned
lorida document number L22000187360		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I		.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	2592 W Indiantown Rd	
Principal office address MUST BE A STREET ADDRESS	Jupiter, Fl 33458	7023 T
		7
inter new mailing address, if applicable:	13472 Machiavelli Way	20
Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens, Fl 334	18 CT S
If amending the registered agent and/or registered off gent and/or the new registered office address here:  Nome of New Registered Agent: Robert Zim		er the name of the new registe
Name of New Registered Agent.		
New Registered Office Address: 6991 North	State Road 7 2nd Fl	
	Enter Florida street addr	.622
Parkland	, F	Florida 33073
	City	Zip Code

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.

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>	Type of Action
MRG	VO P TRANG	308 Riverside Drive	
		Palm Beach Gardens, FL 33410	\exists Remove
			□Change
			□Add
			□ Remove
			□Change
			TALL Change  TALL Change  TALL Change
		<del></del>	□Add
			Remove
			Change
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		<del></del>	□Remove
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If amending any other inforn	nation, enter o	change(s) here: <i>(</i> .	Attach additional sh	eets, if necess	arv.)		
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ffective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not	meet the applicable					
record specifies a delayed effect dis filed.	tive date, but no	ot an effective time,	at 12:01 a.m. on the e	arlier of: (b)	The 90th c	lay after	the
						2023	
Dated March 16th	<del></del>	., 2023			<u> </u>	†AR	
Dated March 16th	Han	., <del>2023</del> Doad				2023 HAR 20	:
Dated March 16th	Ham Signature of a	Doan	d representative of a med	nber	1 42 1 07 S	1AR 20  PH 4:1	:

Filing Fee: \$25.00