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## COVER LETTER

Division of Corp			
SURTE <i>C</i> T:	Tabaitha	's boutique LL	C
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspoi	idence concerning this matter t	o the following:	
		Tabaithn Run	
		Tabaitha's Bout	que
	502	NW 13th street	<i>t</i>
	(	Address  Lingsbelle . Fl 323	27
	Tabaithq & Boutique UC  Name of Limited Liability Compan)  f Amendment and feets) are submitted for filling.  pondence concerning this matter to the following:  Tabaitha Ray Name of Person  Tabaitha Soutique FirmeCompany  SOL NW 13th Street Address  Carabelle FL 32522  City/State and Zip Code  Tabaitha Shoutique C 4 Mail Com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:		
Division of Corporations  SUBJECT: Tabuitha & Bourique UC  Name of Limited Liability Company  The enclosed Atfieles of Amendment and feets) are submitted for filing.  Please return all correspondence converning this matter to the following:  Tabaitha & Pay  Name of Person  Tabaitha & Bourique  Functionpany  502 NW 13th Street  Address  Christian and Zip Code  The mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  Will turn for a submitter, please call:  Whill turn for a submitter please call:  Division of Person  Tabaitha & Doi 325-The Z  Area Code  Daytime Telephone Number  Stought Fee & Certificate of Status  Certificate Copy  (additional copy is enclosed)  Attailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tablahassee	ill COM		
For further information or			
	_		17.1.2
Name of	Person	at ( <u>050</u> ) <u>328</u> - Area Code Daviin	ne Telephone Number
	1		•
Enclosed is a check for th	ne following amount:		
1 0	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
			ection
P.O. Box 632	.7		
t allahassee,	r L さとさ 14	2410 IV. MOND	oc aucci, anne atv

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	(h )	0 1		002 2	E 111 1:35
luba	Jilhas	Doung	il	SECRETA	Y OF STATE
Name of the Limited Liab	ida Limited Liab	is it now appear thity Company)	s on our feet	marit LAH	ASSEE, FL
The Articles of Organization for this Limited Liability Florida document number	Company we	re filed on	7/8/	22.	and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited <u>liabilit</u>	v company he	<u>re</u> :		
The new name must be distinguishable and contain the words "L	imited Liability	Company," the d	esignation "!	LC" or the abbr	eviation "L.L.C "
Enter new principal offices address, if applicable:	-				
(Principal office address MUST BE A STREET ADI	DRES <u>S)</u>				
	_	<del></del>			
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE BOX)	, –				***************************************
	-				· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registe agent and/or the new registered office address here		dress on our r	ecords, <u>en</u>	ter the name	of the new registo
Name of New Registered Agent:					
New Registered Office Address:					
			rida street ad		
				. Florida	Zip Code
		City			Zip Code
New Registered Agent's Signature, if changing Registor	ered Agent:				
I hereby accept the appointment as registered age					
provisions of all statutes relative to the proper and	d complete pe	erformance o <sub>i</sub>	i'ny duties	i, and Lam fe	imiliar with and

Thereby 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

Title	Name	Address	Type of Action
DWN: Y MGK	Tabaitna Ray	502 NW 13th street	<b>X</b> Add
	1	502 NW 13th street Carrobelle, Fe 32322	□Remove
			□Change
			🗀 Aúd
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□ Add
			Remove
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			⊡Add
			□ Remove
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing:	207 (3) Las th
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after trecord is filed.	he
Dated 7/22/22	
Signature of a member or authorized representative of a member	
Tabailing Ray Typed or printed name of signee	

Filing Fee: \$25.00